

L15000077996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W15-26462

(Document Number)

Certified Copies _____

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Office Use Only



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L15-77996

03/25/15--01028--017 **160.00

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15 APR-28 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY -4 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.G. RATED L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. GREGORY FLOWERS
Name of Person

Firm/Company

3601 REGENT BLVD
Address

JACKSONVILLE FLA. 32224
City/State and Zip Code

GREG.FLOWERS@NORTHFLORIDASALES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG FLOWERS at (904) 645-0283 X2235
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2015

M. GREGORY FLOWERS
3601 REGENT BLVD.
JACKSONVILLE, FL 32224

SUBJECT: P.G. RATED L.L.C.
Ref. Number: W15000026452

We have received your document for P.G. RATED L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 015A00007578

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

P.G. Rated L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3601 Regent Blvd. Jacksonville Fla. 32224

3601 Regent Blvd. Jacksonville Fla. 32224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

M. Gregory Flowers

Name

3601 Regent Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

Florida

32224

City

State

Zip

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15 MAR 23 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Virgil G Pelham

3601 Regent Blvd.

Jacksonville Fla. 32224

MGR

M. Gregory Flowers

3601 Regent Blvd.

Jacksonville Fla. 32224

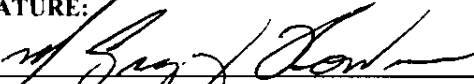
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 1 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

M. GREGORY FLOWERS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
15 MAR -25 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA