

LS 00085867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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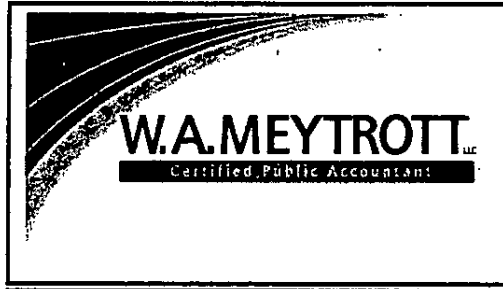


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FILING OFFICE

J. Stivers MAY 15 2015



### INSTRUCTION SHEET FOR FILING

CLIENT NAME: PR COLLECTIONS, LLC

FORM: FLORIDA REGISTRATION FORM

AMOUNT DUE: \$125.00

MAKE CHECK  
PAYABLE TO: FLORIDA DEPARTMENT OF STATE

SIGNATURES: Bottom of Page 1 & 2

MAIL TO: REGISTRATION SECTION

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL. 32314

DUE DATES: ASAP

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PC Collections, LLC  
\_\_\_\_\_

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:

W. Allan Meytrott Jr., CPA  
\_\_\_\_\_

Name of Person

W. A. Meytrott, LLC  
\_\_\_\_\_

Firm/Company

330 Changebridge Road, Suite 101  
\_\_\_\_\_

Address

Pine Brook, New Jersey 07058  
\_\_\_\_\_

City/State and Zip Code

allan@wameytrott.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Allan Meytrott Jr.  
\_\_\_\_\_

973  
\_\_\_\_\_

265-2920  
\_\_\_\_\_

at ( \_\_\_\_\_ )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

**\$125.00 Filing Fee**

**\$130.00 Filing Fee &  
Certificate of Status**

**\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)**

**\$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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

15 MAY 11 AM 8:27  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PR Collections, LLC

(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:

2100 South Ocean Boulevard, Suite 306N  
Palm Beach, Florida 33480

Mailing Address:

2100 South Ocean Boulevard, Suite 306N  
Palm Beach, Florida 33480

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:

Patricia P. Robalino

Name

2100 South Ocean Boulevard, Suite 306N

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

Palm Beach

Florida

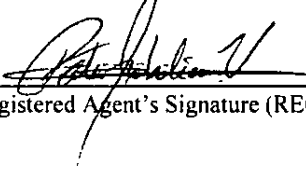
33480

City

State

Zip

*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)

15 MAY 11 AM 6:21  
FILED  
CLERK OF CIRCUIT COURT  
PALM BEACH COUNTY, FLORIDA

**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:**

Patricia Robalino

2100 South Ocean Boulevard, Suite 306N

Palm Beach, Florida 33480

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

Not Applicable

**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.)

Patricia Robalino

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)