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(Re	equestor's Name)	
(Ad	ldress)	
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(Do	ocument Number)	
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COVER LETTER

Ÿ	TO:	Registration Section Division of Corporations
		PCF International, LLC
	SUBJEC	Name of Limited Liability Company
	The encl	osed Articles of Organization and fee(s) are submitted for filing.
	Please re	eturn all correspondence concerning this matter to the following:
		Ginger G. Peterson
		Name of Person
		PCF International, LLC
		Firm/Company
		4511 S Ocean Blvd Apt #607
		Address
		Highland Beach, FL 33487
		City/State and Zip Code ginger@pcfinternational.com
		E-mail address: (to be used for future annual report notification)
	For furth	ner information concerning this matter, please call:
	Gin	ger G. Peterson at 561 510-0355
	******	Name of Person Area Code Daytime Telephone Number
	¬	d is a check for the following amount: Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PCF II	nternational, LLC
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4511 S Ocean Blvd Apt #607	4511 S Ocean Blvd Apt #607
	Highland Beach, FL 33487

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

Ginger G.	Peterson
Name	;
4511 S Ocean I	Blvd Apt #607
Florida street address (P.O. Box	x <u>NOT</u> acceptable)
Highland Beach	_{FL} 33487
City	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 dgent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager	Ginger G. Peterson
AMIDA	4511 S Ocean Blvd Apt #607
	Highland Beach, FL 33487
EV: Effective date, if other than the	date of filing (OPTIONAL)
	date of filing (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must b f filing.)	
EV: Effective date, if other than the ctive date is listed, the date must b f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the ctive date is listed, the date must b f filing.) E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmati I am aware that any false)	e specific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the ctive date is listed, the date must b f filing.) E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmati I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State
E.V: Effective date, if other than the ctive date is listed, the date must be filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the ctive date is listed, the date must be filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.) Ginger G Peterson

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