## L15000195870

(Requ	uestor's Name)	
(Addı	ess)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
	Lic	

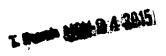
Office Use Only



700278964907

11/12/15--01044--015 \*\*125.00

FILLS SECRETARINGS



## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	PES DESIGN GROUP LLC
SUBJE	CT:Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	James Richards
	Name of Person
	PES DESIGN GROUP
	Firm/Company
	P.O. Box 15531
	Address
	Sarasota, FL 34277-1531
	City/State and Zip Code jimjr@pesdesigngroup.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	~4.6
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	O Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PES DESIGN GRO	d with the words "Limite	d Liability Company	v "IIC" or "IIC")		
(iviusi ci	d with the words. Limite	d Liability Company	y, L.L.C., Of LLC. )		
ARTICLE II - Address:					
The mailing address and street	address of the principal	office of the Limited	I Liability Company is:		
<u>Princ</u>	ipal Office Address:		Mailing Address:		
3230 Southgate Ci	rcle, Ste 101	P.O.	. Box 15531		
Sarasota, FL 34239			sota, FL 34277-1531	<del></del>	
			· · · · · · · · · · · · · · · · · · ·	_	
ARTICLE III - Registered A	gent, Registered Office	& Registered Age	nt's Signature:	<del></del>	
			nt's Signature: You must designate an individual or	<del></del>	
The Limited Liability Compa	ny cannot serve as its owi	n Registered Agent.		<u>.</u> 続 功	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registrati	n Registered Agent. on.)			ස
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registrati	n Registered Agent. on.)		15 NOV	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registrati	n Registered Agent. on.)			<b>d</b> /1
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registrati et address of the registere	n Registered Agent. on.)		NOV 12	qui La 1
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registrati et address of the registere	n Registered Agent. on.) d agent are:			A Property and the
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registrative address of the registere  James Richards  2206 Valencia Dr	n Registered Agent. on.) d agent are:	You must designate an individual or	NOV 12 PH 4:	は、 では、 では、 では、 では、 では、 では、 では、 では、 では、 で
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registrati et address of the registere James Richards	n Registered Agent. on.) d agent are:	You must designate an individual or	NOV 12 PH 4:	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registrative address of the registere  James Richards  2206 Valencia Dr	n Registered Agent. on.) d agent are:	You must designate an individual or	NOV 12 PH	は、 では、 では、 では、 では、 では、 では、 では、 では、 では、 で
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stree	ny cannot serve as its own active Florida registrative address of the registere  James Richards  2206 Valencia Dr	n Registered Agent. on.) d agent are:	You must designate an individual or	NOV 12 PH 4:	de la companya de la
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registrati et address of the registere  James Richards  2206 Valencia Dr  Florida street addres	n Registered Agent. on.) d agent are: Name ss (P.O. Box NOT a	You must designate an individual or	NOV 12 PH 4:	de la companya de la

Registered Agent's Signature (REQUIRED)

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

<u> Citle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	James E Richards
	2206 Valencia Dr
	Sarasota, FL 34239
	ကျဉ်း <b>ပ</b> ာ ကြန်း <del>မှာ</del>
	604.
	the second
	1400
	क्षेत्र 🤃
	。 The Property of the Prope
	· · · · · · · · · · · · · · · · · · ·
	>
EV: Effective date, if other than the dective date is listed, the date must be filling.)	ate of filing: 11/10/2015 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 do  to meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not	ate of filing: 11/10/2015 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 do  to meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department.	ate of filing: 11/10/2015 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 do  to meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exert am awaye that any filling the control of th	ate of filing: 11/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 do to meet the applicable statutory filing requirements, this date will not be ent of State's records.  momber or an authorized representative of a member. settled in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State
E V: Effective date, if other than the dictive date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am aware that any find degree of the constitutes a third degree of the constitutes at the constitutes at third degree of the constitutes at third degree of the constitutes at the constitutes at third degree of the constitutes at the constitute of	ate of filing: 11/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 do to meet the applicable statutory filing requirements, this date will not be ent of State's records.  momber or an authorized representative of a member. souted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am awaye that any filling is the control of t	ate of filing: 11/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 do to meet the applicable statutory filing requirements, this date will not be ent of State's records.  momber or an authorized representative of a member. souted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department of t	ate of filing: 11/10/2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 do to meet the applicable statutory filing requirements, this date will not be ent of State's records.  momber or an authorized representative of a member. souted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.