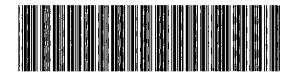
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only

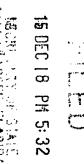


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DEC 30 2015

S. GILBERT



EFFECTIVE DATE / / /

COVER LETTER

TO:	Registration Section Division of Corporations
OND ID	P&C Economics, LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Harry Shuford
	Name of Person
	Shufords' Library, LLC
	Firm/Company
	4801 Linton Blvd. #432
	Address
	Delray Beach, FL 33445
	City/State and Zip Code harryshuford@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Harry Shuford 561 573-3857at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
\$ 125.00	Filing Fee \$\sum_{\text{Certificate of Status}}\$130.00 Filing Fee & \$\sum_{\text{Certified Copy}}\$(additional copy is enclosed) \$\sum_{\text{Certified Copy}}\$(additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES O	FORGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY	
ARTICLE I - Name:			EFFECTIVE DATE	115
The name of the Limited Liabili	ty Company is:		TECTIVE DATE	18.1
			EFFECTIVE 17	.413
P&C Economics, LI	.C		//	
(Must end	with the words "Limited	Liability Company	/, "L.L.C.," or "LLC.")	15 DEC 18 PM 5: 32
ARTICLE II - Address:				ID DEC 18 PH E
The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:	3:32
<u>Princip</u>	oal Office Address:		Mailing Addr	ress:
4801 Linton Blvd. #	#43 2	480	1 Linton Blvd. #432	-MOA
Delray Beach, FL 33			ray Beach, FL 33445	
another business entity with an The name and the Florida street	Ü	•		
		Name		
	4801 Linton Blvd. #	432		
	Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)	
	Delray Beach	Florida	33445	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the older.	, I hereby accept the apportions of all statutes rebligations of my position of the control of t	ointment as register clating to the prope	ed agent and agree to act y and complete performan as provided for in Chapter	in this capacity. I ce of my duties, and I

Page 1 of 2

(CONTINUED)

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized	Member
'MGR" = Manager MGR	Harry L Shuford
MOK	4801 Linton Blvd. #432
	Delray Beach, FL 33445
EV: Effective date, if of the court of the c	ssary) ther than the date of filing: December 15, 2015 date must be specific and cannot be more than five business days prior to or 90
ctive date is listed, the filing.) the date inserted in this	ther than the date of filing: December 15, 2015 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.
EV: Effective date, if of ctive date is listed, the filing.) the date inserted in this nent's effective date on EVI: Other provisions,	ther than the date of filing: December 15, 2015 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. if any.
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ARTICLE IV-