## L16000005359

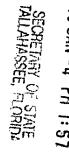
(D-		
(ке	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

то:	Registration Section Division of Corporations	
CUDIE	Pb Commercial Holdings, LLC	
SUBJE		Liability Company
The end	iclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please r	return all correspondence concerning this matter	to the following:
	Steven Najjar	
		lame of Person
	Pb Commercial Holdings, LLC	
	F	Firm/Company
	2145 Alaqua Lakes Blvd.	
		Address
	Longwood, Florida 32779	
	-	State and Zip Code
	snajjar@hlramerica.com  E-mail address: (to be used for	future annual report notification)
For furth	her information concerning this matter, please cal	
	Jeremy Ballanco 407	620-0836
	Name of Person Area	Code Daytime Telephone Number
Enclose	sed is a check for the following amount:	
<b>]</b> \$125.00	On Filing Fee \$\bigs\\$130.00 Filing Fee & Certificate of Status (a)	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JAN -4 PM 1:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Ρh	Commerc	rial	Holdings,	LL.	$\mathbf{C}$
10	Commict	JIGI	tioidings,		$\sim$

(Must en	d with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
2145 Alaqua Lakes	Blvd.		Alaqua Lakes Blvd.	
Longwood, Florida	32779	Long	wood, Florida 32779	
(The Limited Liability Comparanother business entity with an The name and the Florida street	active Florida registratio	n.) I agent are: Name Blvd.	ou must designate an individual or	
	Longwood	Florida	32779	
	City	State	Zip	
place designated in this certificate further agree to comply with the	e, I hereby accept the appoprovisions of all statutes resolving ations of my position of the control of the con	ointment as registere	above stated limited liability company at d agent and agree to act in this capacity. and complete performance of my duties, as provided for in Chapter 605, F.S	I

(CONTINUED)

Page 1 of 2



Title:	Name and Address:	SECRETARY OF STATE
"AMBR" = Authorized Member		SECRETARY OF STATE ALLAHASSEE FLORIDA
"MGR" = Manager		
MGR	Steven Najjar 2145 Alaqua Lakes Blvd.	<u></u>
	Longwood, Florida 32779	
MGR	Jeremy Ballanco	
	413 Raccoon St.  Lake Mary, Florida 32746	
	Lake Mary, Florida 32/46	
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
TICLE V: Effective date, if other than the da an effective date is listed, the date must be s date of filing.)	tte of filing: January 1, 2016 (OPTI specific and cannot be more than five business days put meet the applicable statutory filing requirements, this at of State's records.	orior to or 90 days after
TICLE V: Effective date, if other than the da an effective date is listed, the date must be s date of filing.) tte: If the date inserted in this block does not	specific and cannot be more than five business days put meet the applicable statutory filing requirements, this	orior to or 90 days after
TICLE V: Effective date, if other than the date an effective date is listed, the date must be a date of filing.)  te: If the date inserted in this block does not a document's effective date on the Department.  TICLE VI: Other provisions, if any.	specific and cannot be more than five business days put meet the applicable statutory filing requirements, this	orior to or 90 days after
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TICLE V: Effective date, if other than the date an effective date is listed, the date must be state of filing.)  Ite: If the date inserted in this block does not a document's effective date on the Department.  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a real this document is exectly a many and a many fall.	meet the applicable statutory filing requirements, this at of State's records.  nember or an authorized representative of a member and authorized representative of a member or an authorized representative of a member of a	er.

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)