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03/17/16

COVER LETTER

Division of Corporations
SUBJECT: PV Eagle Distributors 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:
Jessica Aguilar Name of Person
PV Eagle Distributor Firm/Company
7315 NW 79th Terrace Address
Hedly, FL 33166 City/State and Zip Code JESSY 3915 C Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$ Certificate of Status \$155.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

TO:

Registration Section

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

ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:		
PV Eac (Must end with the N	gle Distr vords "Limited Lial	bility Compa	sny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office	of the Limit	ed Liability Company is:
Principal Office	Address:		Malling Address:
7315 NW 7 Medley, FL	9th Terrac 33166	<u>e</u>	7315 NW 79th Terral Mealey, FL 33166
ARTICLE III - Registered Agent, Registered Liability Company cannot see another business entity with an active Flo	erve as its own Reg	egistered Aç istered Agen	gent's Signature: it. You must designate an individual or
The name and the Florida street address o	f the registered age	nt are:	
	Universal	Auto	Color
	Na	me	
ት:	315 NW	7-91	Terrace [acceptable)
Florid	a street address (P.	O. Box NO T	[acceptable)
	Moder	FL	33166 Zip
-	City	State	Zip
place designated in this certificate, I hereby	accept the appointr of all statutes relatio	ment as registing to the prop	the above stated limited liability company at t tered agent and agree to act in this capacity. per and complete performance of my duties, a nt as provided for in-Chapter 605, F.S.
	Registered	Agent's Sigr	nature (REQUIRED)

(CONTINUED)
Page1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Melissa Aguilar
•	6740 NW Yoth Street
	_ Virginia Gardens, FL 32166
AMBR	
N. TOP	Jessica Aguilar 6240 NW 40 h Street
	Virginia Farters, FL 33166
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AMBR	Jaclyn Agular
	6240' NW 40th Street
	Virginia Gardens, FL 33164
V: Effective date, if other than that date is listed, the date must filling.)	ne date of filing:
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
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