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(Requestor's Name)

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\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

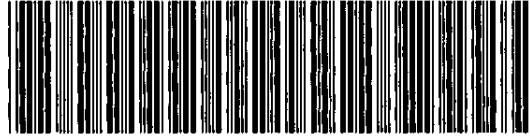
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16 MAY 18 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*1/H*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P and P Enterprise LLC  
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:

Patricia Gardner

Name of Person

P and P Enterprise

Firm/Company

17223 89<sup>th</sup> Place North

Address

Loxahatchee, Florida 33470

City/State and Zip Code

pgardner3065@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Gardner

Name of Person

at ( 561 )

Area Code

753-8781

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$160.00 Filing Fee,  
Certificate of Status &  
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 OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

## ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAY 19 PM 2:47

Photography by Patricia Brown LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:17223 89th Place North  
Loxahatchee, FL 33470Mailing Address:17223 89th Place North  
Loxahatchee, FL 33470

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Patricia Gardner - Manager  
Name

17223 89th Place North  
Florida street address (P.O. Box NOT acceptable)  
Loxahatchee FL 33470  
City State 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.

Patricia A. Gardner  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

OWNER

Manager

**Name and Address:**

Patricia R. Brown  
17223 89th Place North  
Loxahatchee, FL 33470

Patricia A. Gardner  
17223 89th Place North  
Loxahatchee, FL 33470

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 2, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Patricia A. Gardner

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Patricia Gardner

Typed or printed name of signer

**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)

Page 2 of 2

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16 MAY 19 PM 2:47  
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