## U10000105368

(Re	equestor's Name)	<del></del>
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	P&L Harborview LLC	
Sonde		imited Liability Company
The enclo	sed Articles of Organization and fee(s) a	are submitted for filing.
Please reti	urn all correspondence concerning this r	natter to the following:
	Leonardo J. Cepero	
		Name of Person
		Fig. 10
	23444 Branch Ave.	Firm/Company
	23444 Dialicii Ave.	Address
	Punta Gorda, FL 33980	
	leo_cepero@yahoo.com	City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further	information concerning this matter, plea	se call:
	Leonardo J. Cepero	239 4628120
		Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

ARTICLE 1 - Name: The name of the Limited Liability	/ Company is:			
P&L Harboryiew LLC (Must end v		l Liability Cor	npany, "L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Li	mited Liability Company is	s:
<u>Principa</u>	l Office Address:		Mailing A	ddress:
23046 Harborview Ro	<b>1</b>		23444 Branch Ave.	
Port Charlotte, FL 339	980		Punta Gorda, FL 33980	
The name and the Florida street a	Leonardo J. Cepero  23444 Branch Ave. Florida street addres	Name	OT acceptable)	_
	Punta Gorda	FL	33980	_
	City	State	Zip	
Having been named as registered at place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obl	I hereby accept the app ovisions of all statutes re igations of my position	ointment as re elating to the p as registered a	gistered agent and agree to roper and complete perfort	act in this capacity. I mance of my duties, and I

(CONTINUED)

Page 1 of 2

16 HAY 23 AN 7: 19
SECRETARY OF SIME

'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Leonardo J. Cepero
	23444 Branch Ave.
	Punta Gorda, FL 33980
AMBR	Pedro R. Rodriguez
	4025 Windham Rd.
	West Palm Beach, FL 33406
	<del></del>
V: Effective date, if other than the date	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 c
ctive date is listed, the date must be s f filing.)	meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ctive date is listed, the date must be so filling.) the date inserted in this block does not the determinent of the determinent of the determinent.	meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ctive date is listed, the date must be so filing.)  the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REOUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be tof State's records.
CV: Effective date, if other than the date tive date is listed, the date must be so filing.) the date inserted in this block does not ent's effective date on the Department.  VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a	meet the applicable statutory filing requirements, this date will not be tof State's records.
CV: Effective date, if other than the date tive date is listed, the date must be so filing.)  the date inserted in this block does not ent's effective date on the Department.  VI: Other provisions, if any.  Signature of a not the Department is executed and the Department is exec	meet the applicable statutory filing requirements, this date will not be tof State's records.  The member of an authorized representative of a member.  The member of an authorized representative of a member.  The member of a member of
CV: Effective date, if other than the date ctive date is listed, the date must be so filing.)  the date inserted in this block does not ent's effective date on the Department.  CVI: Other provisions, if any.  Signature of a man and This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not be tof State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be so filing.)  the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a man and This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not be tof State's records.  The member of an authorized representative of a member.  The member of an authorized representative of a member.  The member of a member of state in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.

ARTICLE IV-

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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)