L18000013084

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

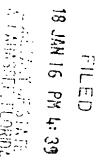
Office Use Only



800307587028

01/17/18--01009--008 **125.00

RECEIVED
JAN 1 6 2018



JAN [8 2018 K Brumbley

COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	PC RESOURCE	ES LLC imited Liability Company	
	Name of L	imited Liability Company	
The enclosed	Articles of Organization and fee(s)	are submitted for filing.	
Please return a	all correspondence concerning this r	matter to the following:	
	Charles O	Fwitch Name of Person	
		Name of Person	
	PC RESOUR	CES LLC Firm/Company	
		rum/Company	
_	324 5, Lost L	Address	
_		FL 32707 City/State and Zip Code	
	Pc fritch @ E-mail address: (to be use	g mail. com ed for future annual report notification)	
For further info	rmation concerning this matter, plea	ase call:	
<u> </u>		407) 695 - 4815 Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:		
\$125.00 Filin	g Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Star (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section 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

PR RESOURCES LLA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:		Mailing Address:	
324 5, 1 Cassolt	Lost Lake La	Cassulberez,	t Lake Lane FL 32707
(The Limited Liability Compar another business entity with a	gent, Registered Office, & Register ny cannot serve as its own Registere n active Florida registration.) et address of the registered agent are	d Agent. You must designate an	individual or
	Charles O, F Name 324 5, Lost	take Lane	N 16 PM 4: 39
	Florida street address (P.O. Bo	EL 32707 e Zip	흥분 얼

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV: The name and address of each person authorize	zed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	3.A=1
AMBR	Charles Fritch 324 S, Lest Luke Lo. Casselberry, FL 32707
AMBR	Patricia B. Fritch 324 S. hart Lake La Casselbeer, EL 32707
	
(Use attachment if necessary)	
the date of filing.)	and cannot be more than five business days prior to or 90 days after he applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member This document is executed in I am aware that any false info	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
Charles Ty	O. Fritch ped or printed name of signee

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)