## 118000114988

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JUL 1 0 2018 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 291100 7167577
AUTHORIZATION: Spelle Rear
COST LIMIT : \$ 125.00
ORDER DATE : July 9, 2018
ORDER TIME : 3:26 PM
ORDER NO. : 291100-005
CUSTOMER NO: 7167577
DOMESTIC FILING
NAME: PCS INVESTMENT HOLDINGS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

## **COVER LETTER**

	w Filing Section vision of Corporations
CUBITCT.	PCS Investment Holdings, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Eric Perkins, Esq.
	Name of Person
	McElroy, Deutsch, Mulvaney and Carpenter, LLP Firm/Company
	570 Broad Street
	Address
	Newark, New Jersey 07102
	City/State and Zip Code
-	eperkins@mdmc-law.com
For further in	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:
	Eric Perkins at ( 973 ) 622-7711  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status & Certified Copy}} \int_{\text{Certified Copy is enclosed}} \int_{\text{S160.00 Filing Fee & Certified Copy}} \int_{\text{Certified Copy}} \int_{Cert
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PCS Investment Holdings, LLC (Must contain the words "Limited Liability Contains the words "Limited Liability Li	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
102 NE 2nd Street, PMB 374	lll8 Russell Drive
Boca Raton, FL 33432	Highland Beach, FL 33487
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	d Agent. You must designate an individual or
Corporation Service Compar	пу

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.

Name

Florida street address (P.O. Box NOT acceptable)

FL

StateZ

1201 Hays Street

City

Tallahassee

By Company Registered Agent's Signature (REQUIRED)

32301

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(CONTINUED)

18 JUL -9 AN 10: 20
SECRETARY OF STATE
VALLAHASSEE, FLORIDA

Roxanne Turner Asst. Vice President

"AMBR" = Authorized Member "MGR" = Manager MGR	
"MGR" = Manager MGR	
	Dk414- C
<del></del>	Philip Sacco PMB 374
	102 NE 2nd Street PMB 374 Boca Raton, FL 33432
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(Use attachment if necessary)	
If the date inserted in this block does not meet the app	licable statutory filing requirements, this date will not be listed:
	licable statutory filing requirements, this date will not be listed cords.
cument's effective date on the Department of State's re CLE VI: Other provisions, if any.	
cument's effective date on the Department of State's re	cords.
REQUIRED SIGNATURE:	Lucar
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in according to the country of a member or an according to the country of a member or an according to the country of a member or an according to the country of a member or an according to the country of a member or an according to the country of	authorized representative of a member. dance with section 605.0203 (1) (b). Florida Statutes. In submitted in a document to the Department of Spansorovided for in s.817.155, F.S.
REQUIRED SIGNATURE:  Signature of a member or an This document is executed in according aware that any false information constitutes a third degree felony as properties.	authorized representative of a member, dance with section 605.0203 (1) (b). Florida Statues, in submitted in a document to the Department of Spansorovided for in s.817.155, F.S.
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ARTICLE IV-