## 119000000203

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 562489 AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: December 28, 2018 ORDER TIME : 3:10 PM ORDER NO. : 562489-005 CUSTOMER NO: 4304524 DOMESTIC FILING NAME: PBP40, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX \_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

## **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJE	PBP40, LLC	
SORTE		Liability Company
The enc	closed Articles of Organization and fee(s) are sub	mitted for filing.
Please re	return all correspondence concerning this matter (	o the following:
	Rebecca C. Ceto	
	. Na	ume of Person
	Dentons US LLP	Name of Person  Firm/Company  acker Drive, Suite 5900  Address  L 60606  City/State and Zip Code  to@dentons.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:
	Fi	rm/Company
	233 S. Wacker Drive, Suite 5900	
		Address
	Chicago, IL 60606	
	City/S rebecca.ceto@dentons.com	ate and Zip Code
	E-mail address: (to be used for f	uture annual report notification)
For further	er information concerning this matter, please call	
		876-3462
	Name of Person Area C	ode Daytime Telephone Number
Enclosed	ed is a check for the following amount:	
\$125.00	Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional 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

			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
(Mu	st contain the words "Limited	l Liability Company	y, "L.L.C.," or "LLC.")				
ARTICLE II - Address:							
he mailing address and s	treet address of the principal	office of the Limite	d Liability Company is:				
Principal Office Address:			Mailing Addre	<u>ss</u> :			
9423 Bridget		94:	23 Bridgebrook Drive				
Boca Raton,	FL 33496		ca Raton, FL 33496				
ne name and the Florida	street address of the registered  Laurie B. Stevens						
	Laurie B. Stevens						
		Name					
	9423 Bridgebrook						
	Florida street address (P.O. Box NOT acceptable)		Florida street address (P.O. )		(P.O. Box NOT acceptable)		
	Boca Raton	<u>FL</u>	33496				
	City	State	Zip				
iling hoom wanted on uncles	ered agent and to accept servi ficate. I hereby accept the app	ice of process for th	red agent and agree to act in	ty company at the this capacity. I of my duties, and I			

17 0-

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Laurie B. Stevens 9423 Bridgebrook Drive Boca Raton, FL 33496 MGR Haynes Stevens 9423 Bridgebrook Drive Boca Raton, FL 33496 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (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: 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. Laurie B. Stevens Typed 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)