Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From: Carrie Ramos, FPR, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

: (407)843-8880

Phone Fax Number

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Email Address: pftoby@aol.com

FLORIDA LIMITED LIABILITY CO.

PF Rockledge, LLC

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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

PF Rockledge, LLC

ARTICLE II Address

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

> 800 Formosa Avenue Winter Park, Florida 32792

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	Street Address
John Wash	800 Formosa Avenue Winter Park, FL 32792
Samuel Hines	800 Formosa Avenue Winter Park, FL 32792

ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Jason Zimmerman, Esq. 301 E. Pine Street, Suite 1400 Orlando, Florida 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Floriga Statutes.

REGISTERED AGENT'S SIGNATURE

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Jason Zimmerman, Esq.

Type or printed name of signee

FILING PEES:

\$100.00 Filing Fcc for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)