L21000112862

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

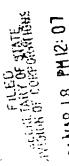
Account Number: I2009000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:			

FLORIDA LIMITED LIABILITY CO. PB&C/Studio 9 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y company is.			
PB&C/Studio 9 LLC				
(Must cont	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
7901 4th St N STE 300		7901	7901 4th St N STE 300	
St. Petersburg, FL 33702		St. P	St. Petersburg, FL 33702	
The name and the Florida street	address of the registered	-		
The name and the Florida street	Northwest Registered	d Agent LLC Name		
The name and the Florida street	Northwest Registered	d Agent LLC Name	cceptable)	
The name and the Florida street	Northwest Registered	d Agent LLC Name	cceptable)	
The name and the Florida street	Northwest Registered 7901 4th St N STE 3 Florida street addres	d Agent LLC Name 00 s (P.O. Box <u>NOT</u> ac		
Having been named as registered o place designated in this certificate, further agree to comply with the pi	Northwest Registered 7901 4th St N STE 3 Florida street address St. Petersburg City agent and to accept serve, I hereby accept the approvisions of all statutes religations of my position	Agent LLC Name 00 s (P.O. Box NOT ac FL State ice of process for the ointment as registere elating to the proper	33702 Zip above stated limited liability compared agent and agree to act in this caperand complete performance of my duas provided for in Chapter 605, F.S	acity. I

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Terrance Jones 1194 Redman St. Belle Isle, FL 32809 (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.

Morgan Noble 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)