L 23000526698

(Requestor's Name)
(Address)
(Address)
(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



900418863439

6693 :.

TALLAHASSEE, FL 32309	
(850) 524–5437 / (850) 524–6243 / (850)	491–9625
Please use funds from this acco	unt: I20210000160: \$160.00
Authorization Signature:	Sandall:
PLC GLOBAL RESOURCES LLC	\mathcal{J}
BUSINESS NAME	DOCUMENT #
_X_Certified Copy	
_X_Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_X_Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Apostille	Foreign filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

EXAMINER'S INITIALS:____

TALLAHASSEE, FL 32309	
(850) 524–5437 / (850) 524–6243 / (850)	491–9625
Please use funds from this accou	unt: 120210000160: \$160.00
Authorization Signature:	for full :
PLC GLOBAL RESOURCES LLC	J
BUSINESS NAME	DOCUMENT #
_X_Certified Copy	
_X_Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_X_Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Apostille	Foreign filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

EXAMINER'S INITIALS:____

COVER LETTER

	lew Filing Sec Division of Cor					
SUBJECT		l Resources				
		Na	me of Lir	nited Liabil	ity Company	
The enclos	sed Articles of	Organization and	i fee(s) ar	e submitted	for filing.	
Please retu	ırn all correspo	ondence concerni	ng this ma	atter to the f	ollowing:	
•	Javier Vendr	amin				
				Name of	Person	
	PLC Global	Resources				
				Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·
	105 Shore Di	r. West				
		· · ·		Addr	ess	
	Miami, Flori	da, 33133				
	vendraminj@g	gmail.com	С	ity/State and	d Zip Code	
	E	-mail address: (te	o be used	for future a	nnual report notificati	on)
For further i	nformation cor	ncerning this mat	ter, pleaso	call:		
	Javier Vendra	min	78 at (6	2601103	
	Name	e of Person		rea Code	Daytime Telephon	e Number
Enclosed is	s a check for th	e following amo	unt:			
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of S		Certific	i.00 Filing Fee & d Copy d Copy is enclosed)	#\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		2 Address			Street Address	
		ling Section	_		New Filing Section Di	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Lia	bility Company is:		
PLC Global Reso	ources LLC		
(Must o	contain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal c	office of the Li	mited Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
105 Shore Dr. We	est, Miami, FL, 33133		105 Shore Dr W, Miami, FL, 33133
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its owr an active Florida registration	n Registered Agon.)	gent. You must designate an individual or
	Joaquin Vendramin	Name	
	1050 5 11		
	105 Shore Dr W Florida street addres	ss (P.O. Box N	OT acceptable)
	Miami	FL.	33133
	City	State	Zip
lace designated in this certific irther agree to comply with th	ate, I hereby accept the app e provisions of all statutes r e ohligations of my position	ointment as reg elating to the p as registered to	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and exent as provided for in Chapter 605, F.S., Signature (REQUIRED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member		
H5 427 PS II - 5 4		
"MGR" = Manager		
MGR	Javier Vendramin	
	105 Shore Dr W, Miami, FL, 33133	
MGR	Victoria Eugenia Jorba	
MOR	Gartenstr 30 A	
	Gartenstr. 30 A D 27389 Stemmen . Germany	
-		
MCD	N : 1870 A 11 O	
MGR	Rainer Wilhelm Hermann Ottens	
	Gartensts. 30 A D 27389 Stemmen, Germany	
	D 27389 Stemmen, Germany	
(Use attachment if necessary)		
cument's effective date on the Department CLE VI: Other provisions, if any.	of State's records.	
		<u></u>
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	1-	
REQUIRED SIGNATURE:	1-	
	ember or an authorized representative of a member	
Signature of a me	ember or an authorized representative of a member. ted in accordance with section 605 0203 (1) (b). Florida Statutes	
Signature of a me This document is execu	ted in accordance with section 605.0203 (1) (b), Florida Statutes.	
Signature of a me This document is execu- I am aware that any false	ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State	
Signature of a me This document is execu- I am aware that any false	ted in accordance with section 605.0203 (1) (b), Florida Statutes.	
Signature of a me This document is execu I am aware that any false	ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
Signature of a me This document is execu I am aware that any false constitutes a third degree	ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
Signature of a me This document is execu- l am aware that any false constitutes a third degree	ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
Signature of a me This document is execu- I am aware that any false constitutes a third degree Javier Vendramin	ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee	
Signature of a me This document is execu- I am aware that any false constitutes a third degree Javier Vendramin	ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	