

L24000029881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

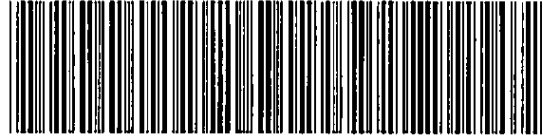
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
2024 JAN 10 AM 8:29  
TALLAHASSEE, FLORIDA

(850) 524-624

AUTHORIZATION SIGNATURE: *Sam Fuller*

PCV Group LLC

BUSINESS Document

Walk in

\_\_\_\_\_ Pick up time \_\_\_\_\_

         Mail out

\_\_\_\_\_ Will wait

  X   Certified copy of

**X   Certificate of Status**

**March 16, 2022.**

## Certificate of Status

## NEW FILINGS

Profit \_\_\_\_\_

Not for Profit

  X   Limited Liability

## Domestication

\_\_\_\_ Other

CORP

## OTHER FILINGS

Annual Report

                     Fictitious Name

\_\_\_\_\_ APOSTIL ( ) \_\_\_\_\_

Country

## AMMENDMENTS

           Amendment

\_\_\_\_Resignation of R.A. Officer/Director

           Change of Registered Agent

         Dissolution/Withdrawal

\_\_\_\_ Merger

## Conversion

## REGISTRATION/QUALIFICATIONS

     Foreign filing

           Limited Partnership

Reinstatement

Other

**EXAMINER'S INITIALS:**

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 160.00

AUTHORIZATION SIGNATURE: 

PCV Group LLC  
BUSINESS Document

Walk in Pick up time

Mail out Will wait

☒ Certified copy of  
☒ Certificate of Status

March 16, 2022.

Certificate of Status

**NEW FILINGS**

Profit  
Not for Profit  
☒ Limited Liability  
Domestication  
Other  
CORP

**OTHER FILINGS**

Annual Report  
Fictitious Name

APOSTIL ( )  
Country

**AMMENDMENTS**

Amendment  
Resignation of R.A. Officer/Director  
Change of Registered Agent  
Dissolution/Withdrawal  
Merger  
Conversion

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
Limited Partnership  
Reinstatement

Other

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: PCV GROUP LLC  
Ref. Number: W24000004691

We have received your document for PCV GROUP LLC. However, the document has not been filed and is being returned for the following:

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 824A00000869

RECEIVED  
2024 JAN 17 PM 3:14  
SECOND CLASS MAIL  
TALLAHASSEE, FLORIDA

2024-11-11:2

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: PCV Group LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julian D Victoria-Castillo

\_\_\_\_\_  
Name of Person

N/A

\_\_\_\_\_  
Firm/Company

374 Boulevard

\_\_\_\_\_  
Address

Kenilworth, NJ 07033

\_\_\_\_\_  
City/State and Zip Code

julian.victor125@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julian D Victoria-Castillo

908

590-0457

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
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  
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 Liability Company is:

PCV Group LLC

(Must contain the words "Limited Liability Company," "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:

374 Boulevard Kenilworth, NJ 07033

Mailing Address:

374 Boulevard Kenilworth, NJ 07033

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Carlos Alberto Parra Mondragon

Name

2928 NW 30th St.

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

Miami

FL

33142

City

State

Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUL 11 PM 12:15

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Julian D Victoria-Castillo

374 Boulevard Kenilworth, NJ 07033

MGR

Carlos Alberto Parra Mondragon

2928 NW 30th St, Miami, FL 33142

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

Julian D Victoria-Castillo and Carlos Alberto Parra Mondragon

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)

2024 . 11 . 08 PM 12:15