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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

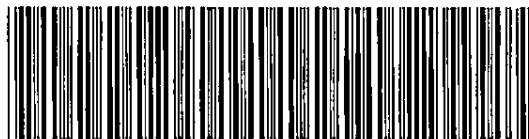
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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00 _____

AUTHORIZATION SIGNATURE: Jan Thull

PDS 2024, LLC
BUSINESS (Name)

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AMMENDMENTS

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissociation or Resignation

Merger

Conversion

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Fictitious Name

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REGISTRATION/QUALIFICATIONS

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Limited Partnership

Reinstatement

Trademark

STATEMENT OF AUTHORITY

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EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
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PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00 _____

AUTHORIZATION SIGNATURE: _____ *[Signature]*

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STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PDS 2024, 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:

SANDRA Z. GREEN, ESQ
Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.
Firm/Company

901 PONCE DE LEON BLVD., SUITE 601
Address

CORAL GABLES, FLORIDA 33134
City/State and Zip Code

szg@jhglaw.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Sandra Green 305 3725100
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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PDS 2024, 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:

Mailing Address:

5625 SW EVANS DRIVE
STUART FL 34997

5625 SW EVANS DRIVE
STUART FL 34997

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:

JONATHAN H. GREEN & ASSOCIATES, P.A.
Name

901 PONCE DE LEON BLVD., SUITE 601

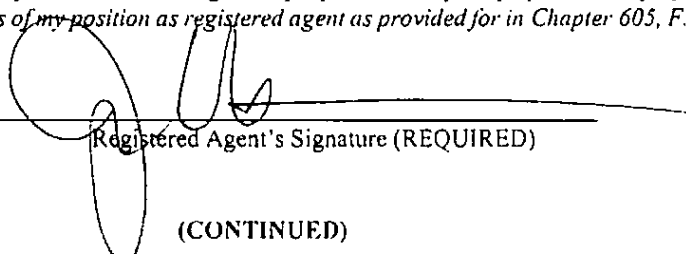
Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES FLORIDA 33134
City State Zip

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TALLAHASSEE, FL

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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)

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

PENNY PETKAS
5625 SW EVANS DRIVE
STUART FL 34997

MGR

STEVE PETKAS
5625 SW EVANS DRIVE
STUART FL 34997

MGR

DANIEL PETKAS
5625 SW EVANS DRIVE
STUART FL 34997

(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.

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TALLAHASSEE, FL

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.

SANDRA Z. GREEN, ESQ

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)