

12500028341

1-21-2025, 12:59 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((125000024030 3))



1250000240303ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-8381

From: Account Name : CORPOLICENSE, INC  
Account Number : 125050000118  
Phone : (305)774-9606  
Fax Number : (305)774-9600

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

Email Address: Rpoline@quail.com

FLORIDA LIMITED LIABILITY CO.  
PTI CONSTRUCTION GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

2025 JAN 21 PM 2:36

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FL  
2025 JAN 21 PM 3:10

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
PTI CONSTRUCTION GROUP, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**PTI CONSTRUCTION GROUP, LLC**

**ARTICLE II - ADDRESS:**

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

**PRINCIPAL ADDRESS: 454 Cinnamon Bark Ln  
Orlando, FL 32835**

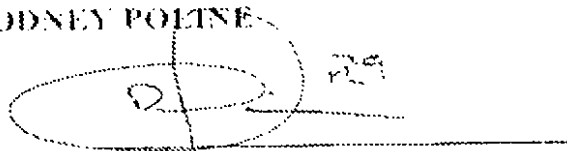
2025 JAN 21 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

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

The Registered Agent designated is: **RODNEY POLTNE**

**454 Cinnamon Bark Ln  
Orlando, FL 32835**



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.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	RODNEY POLINE 454 Cinnamon Bark Ln Orlando, FL 32835




---

RODNEY POLINE  
 Manager

(In accordance with section 605.0201, Florida Statutes,  
 The execution of this document constitutes an affirmation under  
 The penalties of perjury that the facts stated herein are true)

2025 JAN 21 PM 3:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**FILED**