## 105000008269

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del>
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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W 8209



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 19, 2005

PETTER MADSEN 1400 GRASSLANDS BLVD. APT. 50 LAKELAND, FL 33803-5453

SUBJECT: PM INTERNATIONAL SUPPLIERS, LLC Ref. Number: W0500000201

We have received your document for PM INTERNATIONAL SUPPLIERS, LLC and check(s) totaling \$130.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 905A00000088

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 3, 2005

PETTER MADSEN 4137 OLD ROAD 37 LAKELAND, FL 33813

SUBJECT: PM INTERNATIONAL SUPPLIERS, LLC

Ref. Number: W05000000201

We have received your document for PM INTERNATIONAL SUPPLIERS, LLC and check(s) totaling \$130.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$.

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If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 905A00000088

Tammi Cline Document Specialist



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
PM International Suppliers, LI	.c
•	
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4137 Old Road 37	4137 Old Road 37
Lakeland, FL 33813	Lakeland, FL 33813
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:

Petter Madsen
Name

4137 Old Road 37

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

Lakeland

FL 33813

City, State, and 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 108, F.S..

Registered Agent's Signature

(CONTINUED)

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	Petter Madsen
	4137 Old Road 37 Lakeland, FL 33813
GRM	Finn Bryne
	Norway
Use attachment if necessary	7)
NOTE: An additional arti	cle must be added if an effective date is requested.
REQUIRED SIGNATURE	Le Madre
Signature o	f a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)

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)

Typed or printed name of signee