

## TRANSMITTAL LETTER

L01000000445

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

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 -03/14/01--01092--003  
 \*\*\*155.00 \*\*\*155.00

SUBJECT:

PMG, LLC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

~~\$100~~  
☐ ~~\$70.00~~  
 Filing Fee

~~\$130~~  
☐ ~~\$78.75~~  
 Filing Fee  
 & Certificate of Status

~~\$25~~  
 Registered Agent

*certified Copy*

☐ \$78.75  
 Filing Fee  
 & Certified Copy

☐ \$87.50  
 Filing Fee,  
 Certified Copy  
 & Certificate of  
 Status

ADDITIONAL COPY REQUIRED

FROM:

Cyrus K. Mostofi, CPA

Name (Printed or typed)

4000 Towerside Terrace, Suite 1605

Address

Miami Beach, FL 33138 - 2249

City, State &amp; Zip

(310) 276 4937

Daytime Telephone number

FILED  
 01 MAR 14 PM 4:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

L01-4445  
 OK

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: PMG, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
4000 Towerside Terrace, Suite 1605, Miami Beach, FL 33138-2249

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

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

Mr. Max Bittan

Name

4000 Towerside Terrace, Suite 1605

Florida street address (P.O. Box NOT acceptable)  
Miami Beach FL 33138-2249

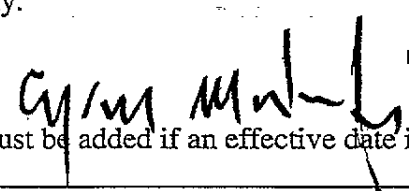
City, State, and Zip

*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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
(An additional article must be added if an effective date is requested)

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CYRUS K. Mostofi, CPA

\_\_\_\_\_  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

FILED  
01 MAR 14 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA