## LO10000005975 WROSS 2341 WEKINA RIDGE ROAD - APOPKA, FL 32712

City/State/Zip

Phone #

	Office Use Only	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
1. PMR ENTERPR	215ES, LLC	<del>-</del>
(Corporation Name)	(Document #) LO 1 - 5475	
2(Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	-
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director	1 ——4 —010 ×125.00
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark  Other	[18

CR2E031(7/97)

Examiner's Initials



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

WINSTON ROSS

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

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

PMR ENTERPRISES, LLC

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

1519 KANGAROD COURT

ORLANDO, F 32712

2341 WEKIVA RIDGE RUAD
Florida street address (P.O. Box NOT acceptable)  A POPKA  FL 3 2 7 / 2
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.)  [X] 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.)
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)