

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L020000000564

PM Squared, LLC

Profit - Auto - LLC
☒ Profit
☐ Nonprofit

- | | | |
|---|--|--|
| <input type="radio"/> Foreign | <input type="radio"/> Amendment | <input type="radio"/> Merger |
| <input type="radio"/> Limited Partnership | <input type="radio"/> Dissolution/Withdrawal | <input type="radio"/> Mark |
| <input type="radio"/> LLC | <input type="radio"/> Reinstatement | <input type="radio"/> Other |
| <input type="radio"/> Certified Copy | <input type="radio"/> Annual Report | <input type="radio"/> Change of RA |
| <input type="radio"/> Call When Ready | <input type="radio"/> Name Registration | <input type="radio"/> UCC |
| <input checked="" type="radio"/> Walk In | <input type="radio"/> Fictitious Name | <input type="radio"/> CUS |
| <input type="radio"/> Mail Out | <input type="radio"/> Photocopies | <input type="radio"/> After 4:30 |
| | <input type="radio"/> Call If Problem | <input checked="" type="radio"/> Pick Up |
| | <input type="radio"/> Will Wait | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

1/8/02

MS

Order#: 5034217

Ref#: _____

Amount: \$ _____

02 JAN - 8 PM 2:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
 02 JAN - 8 PM 12:18
 DIVISION OF CORPORATION

APPROVED
 AND
 FILED

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

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 -01/08/02--01048--020
 *****125.00 *****125.00

JP
1-8-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PM Squared, LLC

ARTICLE II - Address:

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

37484 North Industrial Parkway
Willoughby, OH 44094

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

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

Carolyn Roberts

Name

2728 13th Street

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

St. Cloud FL 34769

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.

Carolyn Roberts

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)

Thomas J. Tarantino
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.)

Thomas J. Tarantino

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED