

05/30/03 FRI 11:00 FAX

Division of Corporations

001

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From: VERA TORRES

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION  
AND RETURN TO ME A CERTIFICATION AS SOON  
AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER. VERA TORRES

LIMITED LIABILITY COMPANY

PMCFI GEORGIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

03 MAY 30 PM 12:09  
DIVISION OF STATE  
FALL APASSET, FLORIDA

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DIVISION OF CORPORATION

VB  
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002

Department of State 5/30/2003 10:20 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 30, 2003

LOWNDES, DROSDICK, ET AL

SUBJECT: PMCFI GEORGIA, LLC  
REF: W03000015359

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If you want an effective date, you must add an extra article to the articles of organization.

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) 245-6025.

Trevor Brumbley  
Document Specialist

FAX Aud. #: H03000204250  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
PMCFI GEORGIA, LLC

ARTICLE I - NAME

The name of this limited liability company is PMCFI Georgia, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1700 N. Orange Avenue, Orlando, Florida 32804.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1700 N. Orange Avenue, Orlando, Florida 32804 and the name of the initial registered agent of the Company at that address is Louis E. Vogt.



Signature of a Member or an Authorized  
Representative of a Member

Louis E. Vogt

Typed or Printed Name of Signer

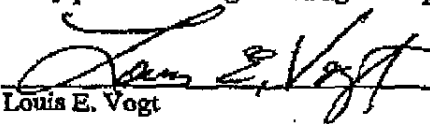
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Louis E. Vogt