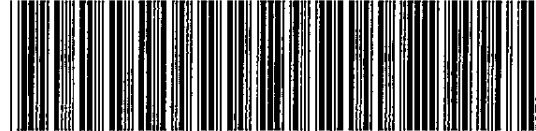


L04000008609

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



500027478765

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILE  
TALLAHASSEE, FLORIDA

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FEB 2 2004

## TRANSMITTAL LETTER

RECEIVED  
FEB 11 2004

TO: Registration Section  
Division of Corporations

04 FEB -2 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: P+m Enterprises  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick moore

(Name of Person)

P+m Enterprises, LLC

(Firm/Company)

P.O. Box 64

(Address)

St marks, Fla 32355

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick moore

(Name of Person)

at ( 850 ) 212-6089

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Plm Enterprises LLC

04 FEB -2 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II - Address:

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

### Principal Office Address:

37 mock st  
ST marks FLA  
32355

### Mailing Address:

P.O. Box 64  
ST marks FLA  
32355

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

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

Patricia Moore  
Name

37 mock st  
Florida street address (P.O. Box NOT acceptable)

ST marks FL FLA 32355  
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..*

Patricia Moore  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

04 FEB -2 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mGRM

Patrick moore  
82 64 mock st  
ST marks FLA 32355

mGRM.

Andrew moore  
8106 Felicia Lane  
Tall FLA 32305

mGRM

Katrina Carnivale  
64 mock st  
st marks FLA 32305

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Patrick moore  
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.)

Patrick moore  
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)