

L04000017502

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000048312 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

04 MAR -5 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FL 09103

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY

PMK Capital Management, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED
04 MAR -5 AM 10:28
DIVISION OF CORPORATIONS

3501

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000048312

ARTICLE I - Name

The name of the Limited Liability Company is: **PMK Capital Management, LLC**

ARTICLE II - Address

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

Principal Office Address:

310 E. Atlantic Avenue

Delray Beach, FL 33483

Mailing Address:

310 E. Atlantic Avenue

Delray Beach, FL 33483

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

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

John Murphy

Name

310 E. Atlantic Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Delray Beach, FL 33483

(City / State / Zip)

04 MAR -5 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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.

X


Registered Agent's Signature - John Murphy

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

H04000048312

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

John Murphy - 310 E. Atlantic Avenue, Delray Beach, FL 33483

MGRM

Roger Kumar - 310 E. Atlantic Avenue, Delray Beach, FL 33483

(Use attachment if necessary)

REQUIRED SIGNATURE:

X


Signature of a member or 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.)

John Murphy

Typed or printed name of signee

04 MAR -5 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

H04000048312