

LY 000033012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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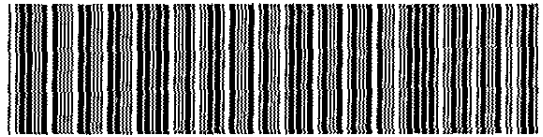
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 30 PM 8:00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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PMA Equities, LLC

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

☒ Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION
OF

PMA EQUITIES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is:

PMA EQUITIES, LLC

ARTICLE II

The mailing address and street address of the principal office of the company is:

10019 Colonial Country Club Blvd.
Fort Myers, Florida 33913

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

The name and street address of the registered agent of the company in the state of Florida is:

PAUL P. PACCHIANA
5425 PARK CENTRAL COURT
NAPLES, FLORIDA 34109

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.

Registered Agent Signature: _____

Paul P. Pacchiana

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TALLAHASSEE, FLORIDA

ARTICLE V

The name and address of the managing members/managers are:

Title: Managing Member
Michael Beldotti
100 Executive Blvd.
Ossining, New York 10562

Signature of Member:


MICHAEL BELDOTTI