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11/15/04 15:15
11/15/04 15:15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



000042684130

11/15/04--01062--018 **160.00

David R. Loeser

PO Box 380044
Jacksonville, FL 32205
Tel. 904-891-9630

FILED

2014 JUL 15 PM 2:20

STATE OF FLORIDA
DEPARTMENT OF REVENUE

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

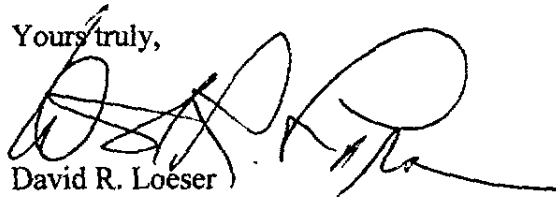
Re: Articles of Organization

Gentlemen:

I am submitting the Articles of Organization for our new LLC along with our registration check for \$160.00 to cover the filing fee, Certificate of Status, and Certified Copy.

Thank you

Yours truly,



David R. Loeser
3712 St. Johns Ave.
Jacksonville, FL. 32205

Tel. No. 904-891-9630

My mailing Address is PO Box 380044, Jacksonville, FL 32205

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

2017 15 2 20

SUBJECT: PERSONAL MANAGEMENT GROUP.LLC
(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:

David R. Loeser

(Name of Person)

(None)

(Firm/Company)

3712 St. Johns Avenue

(Address)

Jacksonville, Florida, 32205

(City/State and Zip Code)

For further information concerning this matter, please call:

David R. Loeser

(Name of Person)

at (904)

891-9630

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2008 DEC 15 P 2:20

ARTICLE I - Name:

The name of the Limited Liability Company is:

Personal Managment Group.LLC

ARTICLE II - Address:

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

Principal Office Address:

3712 St. Johns Ave.

Jacksonville, Florida, 32205

Mailing Address:

P. O. Box 380044

Jacksonville, Florida, 32205

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

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

David R. Loeser

Name

3712 St. Johns Avenue

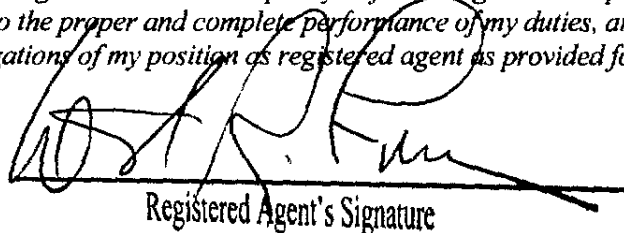
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, Florida, 32205

FL

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..



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:

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MGR

David. R. Loeser

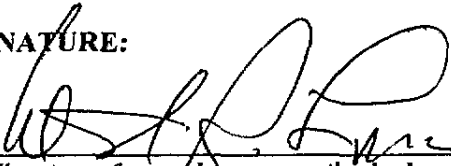
3712 St. Johns Ave.

Jacksonville, Florida, 32205

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

David. R. Loeser

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)