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Division of Corporations

Form NO.

P. 01

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

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

M. HODGES

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG  
Account Number : 119990000180  
Phone : (305) 357-5775  
Fax Number : (305) 357-5534

05-99335

LIMITED LIABILITY COMPANY

PMC SUNNY ISLES, LLC

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

DIVISION OF CORPORATIONS

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FAX NO.

P. 02

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PMG SUNNY ISLES, LLC**

**ARTICLE II - Address:**

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

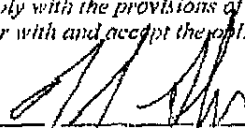
**5 East 17<sup>th</sup> Street  
2<sup>nd</sup> Floor  
New York, New York 10003**

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

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

David Shear  
Name  
201 Alhambra Circle, Suite 601  
Florida street address (P.O. Box NOT acceptable)  
Coral Gables, Florida 33134  
City, State, and Zip

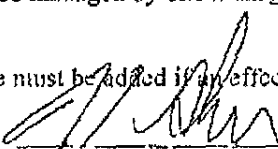
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Shear, Authorized Representative  
Typed or printed name of signee

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