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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: 120000000146
Phone: (305)444-4994

Fax Number : (305)444-4977

ELORIDA/FOREIGN LIMITED LIABILITY CO.

MAR 16 PHIZ: 52

PMDSNL, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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|--|---|
| ARTICLES OF ORGANIZATION FOR | FLORIDA LIMITED LIABILITY COMPANY |
| ARTICLE I - Name: The name of the Limited Liability Company | is: |
| PMDSNL, LLC | 98: |
| (Must end with the words "Limited Liability Company, "L | imited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8133 NW 67 STREET | 8133 NW 67 STREET |
| MIAMI, FL 33166 | MIAMI, FL 33166 |
| business entity with an active Florida registration.) The name and the Florida street address of the CLAUDINA | |
| Nau | |
| 8133 NW 6 | STREET |
| Florida street | address (P.O. Box NOT acceptable) |
| MAMI | FL 33166 |
| City, State | e and 21p |
| liability company at the place designated it registered agent and agree to act in this capac | accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and |
| | gistered agent as provided for In Chapter 608, F.S |
| Dand | aturs (REQUIRED) |
| | · K |
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| Page 1 o | 1 |

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| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Managing Member(s): (anager or Managing Member is as follows: Name and Address: ARLENE MION |
|--|--|
| MGRM | ADLESCE SHOW |
| MOIN | ARLENE MION 8133 NW 67 STREET |
| | MIAMI, FL 33166 |
| | 1711 0444 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| MGŔM | CLAUDINA ALVAREZ |
| | 8133 NW 67 STREET |
| | MIAMI, FL 33186 |
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| (Use attachment if necessary) | |
| (Use attachment if necessary) LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) | n the date of filing: (OPTIONA ast be specific and cannot be more than five business day. |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: | est be specific and cannot be more than five business day |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURES Signature of a m | ember or an authorized representative of a member. |
| LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REOURED SIGNATURE: Signature of a m (in secondance with of this documents | ember or an authorized representative of a number. ith section 608,408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury |
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