

W60000 42420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

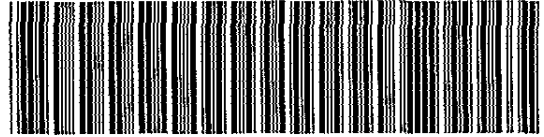
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1036 APR 21 PM 3:40  
SECRETARY OF STATE  
CLERK

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W6-42420  
JR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2006

DONANNE WOLFE  
P.O. BOX 17562  
CLEARWATER, FL 33762

SUBJECT: PMX, LLC  
Ref. Number: W06000016665

We have received your document for PMX, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 6, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 406A00023671

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
APR 21 11 3:40 AM

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PMX, 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:**

DONNA WOLFE  
(Name of Person)

PMX, LLC  
(Firm/Company)

P.O. BOX 17562  
(Address)

CLEARWATER, FL 33762  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at ( 727 ) 638. 6119  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
WASHINGTON, D.C. 20520-1204  
Filing Fee, \$10.00

100

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PMX, LLC

(Must end with the words "Limited Liability Company," "Limited 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:

13573 65th St N  
LARGO, FL 33771

P.O. BOX 17562  
CLEARWATER, FL 33762

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DONNAUE WOLFE  
Name

13573 65th St N.  
Florida street address (P.O. Box **NOT** acceptable)  
LARGO FL 33771  
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.*

Donnaue Wolfe  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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20 APR 21 PM 3:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

DONANNE WOLFE  
P.O. BOX 17562  
CLEARWATER, FL 33762

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4.1.06 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Donanne Wolfe  
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.)

DONANNE WOLFE  
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)