

L060000045406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

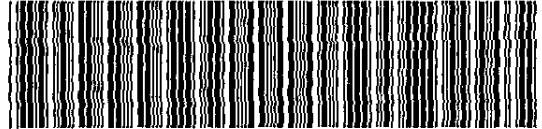
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 078452 107982A

AUTHORIZATION :

Spurlockman

COST LIMIT : \$ 155.00

ORDER DATE : May 2, 2006

ORDER TIME : 2:33 PM

ORDER NO. : 078452-005

CUSTOMER NO: 107982A

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2006 MAY -2 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: PDM RETIREMENT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

of

PDM RETIREMENT, LLC

ARTICLE I
NAME

The name of the limited liability company shall be PDM RETIREMENT, LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be 3434 Hancock Bridge Parkway, #204, N. Ft. Myers, FL 39903.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE

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

CORPORATION SERVICE COMPANY
1201 Hayes Street
Tallahassee, Florida 32301

Having been named as registered agent to accept service of process for the above stated limited partnership 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.

Corporation Service Company

By:

Carina L. Dunlap

Registered Agent's Signature

Print Name and Title:

Carina L. Dunlap
Asst. Vice President

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLE IV
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is therefore, a Manager-managed company. The name and address of the Manager is as follows:

Paul Morrisette
3434 Hancock Bridge Parkway, #204
N. Ft. Myers, FL 39903

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.

Dated: 5/2/06



PAUL MORRISSETTE, Manager