

W08000060232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

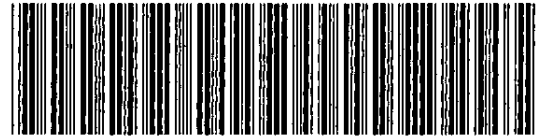
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/14

Office Use Only

W08-27977



000130913840

06/06/08--01020--025 **160.00

FILED
08 JUN 18 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/19/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PBMCMONACO.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:

ALVAREZ JOSEPH

(Name of Person)

PBMCMONACO.LLC .

(Firm/Company)

4051 NORTH OCEAN DRIVE #5

(Address)

FORT LAUDERDALE . FLORIDA. 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

ALVAREZ JOSEPH

(Name of Person)

at (954) 7018094

(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

FILED
08 JUN 18 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2008

ALVAREZ JOSEPH
4051 NORTH OCEAN DRIVE #5
FORT LAUDERDALE, FL 33308

SUBJECT: PBMCMONACO, LLC
Ref. Number: W08000027977

We have received your document for PBMCMONACO, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 508A00035429

08 JUN 18 PM 1:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PBMCMONACO.LLC .

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4051 NORTH OCEAN DRIVE #5
FORT LAUDERDALE.33308.FLORIDA

Mailing Address:

4051 NORTH OCEAN DRIVE #5
FORT LAUDERDALE.33308.FLORIDA

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:

PBMCMONACO.LLC . ALVAREZ . Joseph H. P.
Name

4051 NORTH OCEAN DRIVE #5

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

FORT LAUDERDALE FL FLORIDA. 33308

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

ALVAREZ JOSEPH . PEPITO

4051 NORTH OCEAN DRIVE #5

FORT LAUDERDALE . FLORIDA. 33308

MGRM

GALASSO .LYDIE

4051 NORTH OCEAN DRIVE #5

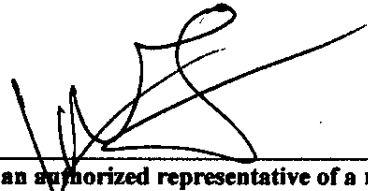
FORT LAUDERDALE . FLORIDA. 33308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

FILED
08 JUN 18 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

Alvarez joseph

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)