

L0900001030

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

OCT 20 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 19 PM 1:31

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PM vend 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:

Phillip A. Mickle
Name of Person

Firm/Company

3136 N.W. 62 Ave
Address

Gainesville FL 32653
City/State and Zip Code

pmvend@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Creech at (352) 871-1313
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PM Vend 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:

3136 N.W. 62 Ave
Gainesville FL 32653

Mailing Address:

Same as Principal

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:

Phillip A. Mickle

Name

3136 N.W. 62 Ave

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

Gainesville FL 32653

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.

Phillip A. Mickle

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Phillip A. Mickle
3136 N.W. 62 Ave
Gainesville FL 32653

MGRM

Michael E. Creech
15183 NW 150 Ave APT #2020
Alachua FL 32615

(Use attachment if necessary)

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CLERK OF STATE
ALACHUA COUNTY FLORIDA

FILED

(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:

Michael E. Creech

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.)

Michael E. Creech

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)