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(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Chariel Instructions to Filling Officer	
Special Instructions to Filing Officer: L. SELLERS	
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Office Use Only



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COVER LETTER

TO: Regis

Registration Section
Division of Corporations

10/25/10 Re-submittal per attached letter. Thank you!

SUBJECT: PM GROUP USA LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Karer	n Sena
	Name of Person
SmallBiZ.com, Inc.	
-	Firm/Company
PO Box 13092	
	Address
Tucson, AZ	85732
Cit	ty/State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	se call:
Karen Sena	at 520 881-3989
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
180 - Filing fee PLUS Certified Copy of Arti	ticles and Certificate of Good Standing both

Mailing Address

Apostilled for Italy. (additional copy is enclosed.)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2010

SMALLBIZ.COM LLC P.O. BOX 13092 TUCSON, AZ 85732

SUBJECT: PM GROUP L.L.C. Ref. Number: W10000049080

We have received your document for PM GROUP L.L.C. and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L03000009525.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 610A00024704

ARTICLES OF ORGANIZATIO	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability C	ompany is:
PM GROUP USA LLC	
(Must end with the words "	'Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4244 W. Tennessee St. #185	4244 W. Tennessee St. #185
Tallahassee, FL 32304	Tallahassee , FL 32304
SmallBiz Agents	s, LLC
	Name
4244 W. Tennes	see St. #185
Flor	rida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32304
	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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Peter Anthony Vaughan Jones
	5 Hillside Road, Streatham Hill London UK, SW23HL

(Use attachment if necessary)

ARTICLE V:

This company is registered as business continuation of the company "PM GROUP S.r.l." with unique shareholder, with registered office in Rome (Italy) Via Giolitti 137, zip code 00185, capital 100,000.00 euros, paid up in full, Chamber of Commerce of Rome membership number and tax code: 02925910545, and Rome Company Registry number 1169972.

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.)

Karen Sena, Organizer

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)