## L12000053928

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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Office Use Only

B. KOHR
APR 23 2012

EXAMINER



200230069172

04/19/12--01028--009 \*\*520.00

## **COVER LETTER** TO: Registration Section Division of Corporations 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: Name of Person Firm/Company be used for future annual report notification For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\square\$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:		
290\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PMMP, LLC, or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2901 NW 7th Ave	Same	
33127		
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 reg	istered agent are;	
Educado	BOE. 11	
Name		
Florida street address (P.O. Box NOT acceptable)		
$MV_{2}$ $73133$		
City, State,	and Zip	
Having been named as registered agent and to accept the obligations of my position as registered agent and agree to act in this capacity, statutes relating to the proper and complete performancept the obligations of my position as register	s certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties and I am familiar with and red 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  MGRM	Educado Bofill 2901 NW 7th Ave Mienni, Fl 33/27 Betsy Fnydoren 2901 NW Fave Mienny Fl 33/27
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member.
	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.

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)

constitutes a third degree felony as provided for in s.817.155, F.Ş.)

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee