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Tor

Division of Corporations

Fax Number : (850)617-6383

Please retain original filing date of submission 11/21

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter	the	email a	address	for	thia	busine	88	entity	to	be	used	for	future	
an	nual	report	mailin	gs.	Enter	only o	one	email	add	res	s ple	ase.	**	1

Email Address:_____

12 NW: 21 AM 9: 31 SECRETARY OF STATE ALLAHASSEE, FLORIG

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FLORIDA LIMITED LIABILITY CO. PLDM Operating Company LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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EXAMINER

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11/21/2012

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CT CORPORATION

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(850) 245-6051.

COVER LETTER

	egistration (vision of C	Section Corporations		
SUBJECT		PERATING COMPANY LL	С	
3021201	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company	
The enclos	ed Articles	of Organization and fee(s) are	submitted for filing.	
Please retu	ги ад сотте:	spondence concerning this mat	ter to the following:	
_			Name of Person	
			Firm/Company	
			Address	
		Ci	ty/State and Zip Code	
For further	Information	E-mail address: (to be used	for future annual report notification)	·
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<u></u>	Name	e of Person	at ()_ Area Code & Daytima Telep	shone Number
Enclosed i	is a check	for the following amount:		
]\$12 5.00)	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 Clifton Tallahassee, FL 32301	ircle

PLUSS - 11/19/2012 Wollers Krawer Childre

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77/26/2012 11:01 8656336092 CT CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PLDM OPERATING COMPANY 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:

Mailing Address:

c/o PLD Acquisitions LLC

10400 NW 29th Terrace Doral, FL 33166

c/o PLD Acquisitions LLC

10400 NW 29th Terrace Doral, FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liubility 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:

00 S. Pine Icland Road
Florida street address (P.O. Box NOT acceptable)

Plantation, FL 33324 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 und 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.,

Connie Bryan Assistant Secretary

(CONTINUED)

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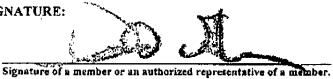
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8656336092 17/58/5015 11:01 ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	PLD Acquisitions LLC	
###	10400 NW 29th Terrace	
	Doral, FL 33166	
		· · · · · · · · · · · · · · · · · · ·
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Use attachment if necessary)		
LE V: Effective date, if other tha	n the date of filing:	(OPTIONAL)

REQUIRED SIGNATURE:



(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David Gruber
Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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