

L12000148998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

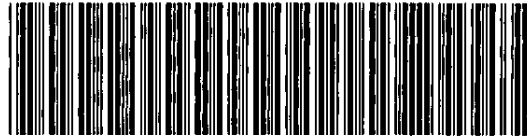
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400240902984

10/22/12--01046--001 \*\*125.00

FILED

2012 NOV 27 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-54171

J. BRYAN

NOV 28 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2012

JOSH WUSMAN  
PIMCORP, LLC  
2660 DELANEY AVE. PO BOX 568441  
ORLANDO, FL 32856-8441

SUBJECT: PIMCORP, LLC  
Ref. Number: W12000054171

FILED  
2012 NOV 27 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PIMCORP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We don't file the operating agreement,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 112A00026007

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Pim Corp, L.L.C.  
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:

Joshua Weisman  
Name of Person

Pim Corp, L.L.C.  
Firm/Company

~~56~~ P.O. Box 568441  
Address

Orlando, FL 32856  
City/State and Zip Code

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

FILED  
2012 NOV 27 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Josh Weisman at ( 407 ) 538-1445  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee Already sent ☐ \$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:

Pim Corp, L.L.C.

(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:**

1613 E. Crystal Lake Ave  
Orlando, FL 32806

**Mailing Address:**

P.O. Box 568441  
Orlando, FL 32856

**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:

Josh Weisman

Name

1613 E. Crystal Lake Ave

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

Orlando, FL 32806

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)

FILED  
2012 NOV 27 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Joshua Weisman  
1613 E. Crystal Lake Ave.  
Orlando, FL 32806

MGRM

Nicholas Johnson  
2052 Tropic Bay Ct  
Orlando, FL 32807

MGRM

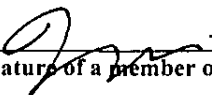
Molina Randall  
1546 Chatfield Place  
Orlando, FL 32814

(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.)

**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. 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.)

Joshua Weisman

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)**

**FILED**  
2012 NOV 27 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA