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(F	Requestor's Name)	
(/	Address)	
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(0	City/State/Zip/Phone #)	
PCK-UP	☐ WAIT [MAIL
70	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions	to Filing Officer	
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ACCOUNT NO. : I2000000195		
REFERENCE : 690733 81371A		
AUTHORIZATION:		
COST LIMIT : \$ 125,00		
ORDER DATE : June 17, 2013		
ORDER TIME : 11:34 AM		
ORDER NO. : 690733-005		
CUSTOMER NO: 81371A	#1. 2	
		- -η
DOMESTIC FILING	JIM 17	
NAME: PYMWYMI, LLC	141	'n
	다음 정	
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Susie Knight - EXT. 52956		
EVANTNED/C INTETATC.		

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	PYMWYMI, LLC	
	Name of Limited Liability Company	
The er	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Jorge E. Otero, Esq.	
	Name of Person	28
	Jorge E. Otero & Associates, P.A.	ىن يە
	Firm/Company 37:	
	75 Valencia Avenue, Fourth Floor	ii − Bar
	Address	· · · · · · · · · · · · · · · · · · ·
	Coral Gables, Florida 33134	
	City/State and Zip Code	
	jeo@oterolaw.com E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
Joi	ge E. Otero, Esq. 305 567-9000	
- 1	Name of Person Area Code & Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
□\$ 125	.00 Filing Fee \$\times \$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	us &

Mailing 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

Street/Courier Address

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PYMWYMI, LLC	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1170 Falcon Avenue	1170 Falcon Avenue
Miami Springs, FL 33166	Miami Springs, FL 33166
	rest and a second secon
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	Miami Springs, FL 33166 gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or afforther
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Jorge E. Otero, Esq 75 Valencia Ave Fourth	of the registered agent are:
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Jorge E. Otero, Esq 75 Valencia Ave Fourth	of the registered agent are: Name Floor Street address (P.O. Box NOT acceptable)

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 Mo	ember(s)	:

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

	·
MGR	Alberto J. Otero
	1170 Falcon Ave.
	Miami Springs, FL 33166
MGRM	John W. Early
	1170 Falcon Ave.
	Miami Springs, FL 33166
	CAF o
	1,160
	Ţ»
(Use attachment if necess	sary)
LE V: Effective date, if of	other than the date of filing: (OPTION

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.)

Alberto J. Otero
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)