Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000100753 3)))

H140001007533ABCV

Note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019

Phone : (305)552~5973 Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future

Email Address;

annual report mailings. Enter only one email address please. \*\*

FLORIDA LIMITED LIABILITY CO. PJM SOUTHEAST CONSTRUCTION LLC

1		
0		
03		
\$130.00		

Electronic Filing Menu

Corporate Filing Menu

Help APR 2 9 2013

T. HAMPTON

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
PJM SOUTH FAST CONSTRUCTION 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:
2423 sw 147 ave#252 SAME miamifl 33185
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:
Pedro mantilla
2423 SW 147 ave # 252
Florida street address (P.O. Box NOT acceptable)
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 a 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 & F.S
R. Mars
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

H14000100753

<u>fitte:</u> "MGR" = Manager "MGRM" = Managing	, Member	Name and Address:
NGRM	4,	Pedro mantilla
		24235W 147 HUP
· :	<i>!</i>	MAM: FL 33185
<u></u> _	•	
•		
. ,		
	÷	•
	• .	
(Use attachment if ne	ccssary)	•
CLF.V: Effective date	if other than the	date of filing: (OPTIONAL)
CLE V: Effective date effective date is listed, 0 days after the date of	, if other than the the date must b	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
CLE V: Effective date	, if other than the the date must be filling.)  ATURE:	e specific and cannot be more than five business days prior
CLE V: Effective date effective date is listed, 0 days after the date of	, if other than the the date must be filling.)  ATURE:	e specific and cannot be more than five business days prior
CLE V: Effective date effective date of days after the date of REQUIRED SIGN.	if other than the the date must be of filing.)  ATURE:	e specific and cannot be more than five business days prior