

L14000106576

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

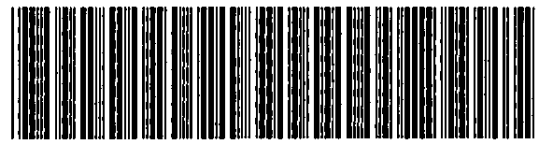
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

W14-16411

Office Use Only



200257679462

03/12/14--01013--012 \*\*160.00

FILED  
2014 JUL - 7 PM 1:36  
RECEIVED STATE  
INVESTIGATIVE  
DIVISION

EFFECTIVE DATE 07/01/14

JUL 08 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2014

MANUEL PRESTAMO  
10500 SW 128 TERRACE  
MIAMI, FL 33176

SUBJECT: PMI, LLC  
Ref. Number: W14000016411

We have received your document for PMI, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is H02313.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 814A00005541

2014 JUL -7 PM 1:36

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PML LLC**

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:

MANUEL PRESTAMO

Name of Person

PML, LLC

Firm/Company

10500 SW 128 TERRACE

Address

MIAMI, FLORIDA 33176

City/State and Zip Code

mprestamo@pmiarts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Prestamo

at ( 786 )

592-1868

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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/Counter Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2004 JUL - 7 PM 1:36  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~PMI, LLC~~ Performance Market International, 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:

10500 SW 128 TERRACE  
MIAMI, FLORIDA 33176

Mailing Address:

10500 SW 128 TERRACE  
MIAMI, FLORIDA 33176

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:

MANUEL PRESTAMO

Name

10500 SW 128 TERRACE

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

MIAMI

City

FL 33176

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 605, F.S.

Manuel Prestamo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 07/01/14

2014 JUL - 7 PM 1:36

FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

MANUEL PRESTAMO

10500 SW 128 TERRACE

MIAMI, FLORIDA 33176

MGR

ANNE PRESTAMO

10500 SW 128 TERRACE

MIAMI, FLORIDA 33176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: DATE OF FILING

(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.)

July 1, 2014 (or as close to that as possible)

ARTICLE VI: Other provisions, if any,

PLEASE CALL IF QUESTIONS ARISE - 786-592-1868

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

MANUEL PRESTAMO

Typed or printed name of signer

**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  
2014 JUL -7 PM 1:36  
DEPARTMENT OF STATE  
HALLMARKS OF FLORIDA