

#L15000046895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

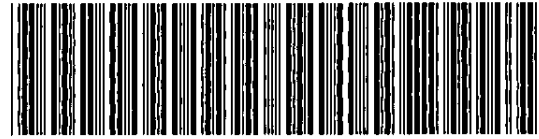
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400269834664

03/17/15--01001--020 \*\*125.00

15 MAR 16 PM 4:33

RECEIVED

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAR 16 AM 10:04

K. SALY  
EXAMINER  
MAR 17 2015

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 03/16/15

**REF. #:** 9480535

**CORP. NAME:** PAM-FP THREE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 70037090 FOR \$ 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

FILED  
2015 MAR 16 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION

PAM-FP THREE, LLC,  
a Florida limited liability company

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

PAM-FP THREE, LLC

## ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

2665 South Bayshore Drive  
Suite 1020  
Coconut Grove, Florida 33133

and, the mailing address of the Limited Liability Company shall be:

P.O. Box 330609  
Miami, Florida 33233

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Gregory M. Marks  
240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

ARTICLE IV  
MANAGEMENT

The Company is a manager-managed limited liability company for purposes of the Florida Revised Limited Liability Company Act and its manager(s) shall be appointed and serve in accordance with the terms and conditions set forth in the Company's operating agreement, as the same may be amended from time to time.

These Articles of Organization have been executed as of the 16th day of March, 2015.

  
\_\_\_\_\_  
Jack M. Maag

"AUTHORIZED REPRESENTATIVE"

FILED

2015 MAR 16 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

FILED  
2015 MAR 16 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the Limited Liability Company is:

PAM-FP THREE, LLC


2. The name and the Florida street address of the registered agent are:

Gregory M. Marks  
240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

March 16, 2015

  
\_\_\_\_\_  
Gregory M. Marks

"REGISTERED AGENT"