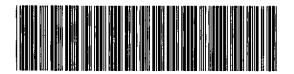
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(Re	questor's Name)	
(Ad	dress)	-
	dress)	
(Au	uiess)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to	Cilian Officer	
Special Instructions to	Filing Officer:	
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Office Use Only



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10/02/15--01006--007 **125.00

T. Bench (1984 : 8,2015)

COVER LETTER

	legistration Section Division of Corporations					
SIIB IECA	P & M Homes LLC					
Name of Limited Liability Company						
The enclos	sed Articles of Organization and fee(s) are submitted for filing.					
Please rett	arn all correspondence concerning this matter to the following:					
	Maria T. Montana					
	Name of Person					
	P & M Homes LLC					
	Firm/Company					
	1456 Walden Oaks Place					
	Address					
	Plant City, Florida 33563					
	City/State and Zip Code P&MHomesLLC@gmail.com PAnd M LLC @ GMA/L Com					
•	E-mail address: (to be used for future annual report notification)					
For further i	information concerning this matter, please call:					
	Maria T. Montana 954 303-8746at ()					
	Name of Person Area Code Daytime Telephone Number					
Enclosed i	s a check for the following amount:					
\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)					
	Mailing Address Street Address					
	New Filing Section New Filing Section Division of Corporations Division of Corporations					

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

P&M Homes, LL	<u> </u>			
(Must e	nd with the words "Limited L	Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and stree	t address of the principal offi	ice of the Limited L	iability Company is:	
<u>Prine</u>	Principal Office Address:		Mailing Address:	
1456 Walden Oak	1456 Walden Oaks Place		Walden Oaks Place	
Plant City, Florida RTICLE III - Registered A the Limited Liability Compa other business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration.	Registered Agent (1)	City, Florida, 33563 's Signature: ou must designate an individual	or
Plant City, Florida RTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration.	Registered Agent (1)	's Signature:	or SEG
Plant City, Florida RTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. Set address of the registered a	Registered Agent (1)	's Signature:	or SEGRED
Plant City, Florida RTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. Set address of the registered a	Registered Agent (legistered Agent Agent are:	's Signature: ou must designate an individual	SECRETARY
Plant City, Florida RTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. The registered a Maria T. Montana	Registered Agent tegistered Agent. You agent are:	's Signature: ou must designate an individual	SEGRETARY OF TALLAHASSEE, F
Plant City, Florida RTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & any cannot serve as its own R in active Florida registration. The registered a Maria T. Montana	Registered Agent tegistered Agent. You agent are:	's Signature: ou must designate an individual	SEGRETARY TALLAHASSE

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Maria T. Montana
ANDIC	1456 Walden Oaks Place
	Plant City, FI 33563
AMBR	Dennis L. Pokorny
	1456 Walden Oaks Place
	Plant City FI 33563
	CAR AND OC
	<u> </u>
	المناسب المناس
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: 09/29/2015 (OPTIONAL)
effective date is listed, the date must b	be specific and cannot be more than five business days prior to or 90 days
te of filing.)	-
	not meet the applicable statutory filing requirements, this date will not be li
cument's effective date on the Departr	ment of State's records.
CLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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)