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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	PMB Investing, LLC		
BUDJEC		mited Liability Company	-
The encl	osed Articles of Organization and fee(s)	re submitted for filing.	
Please re	eturn all correspondence concerning this	natter to the following:	
	Jonathan Brannon Owens		
		Name of Person	
	PMB Investing, LLC		
		Firm/Company	
	1206 Thompson Place		
		Address	TAL 16
	Daytona Beach, FL 32118		
	hanna @alliadaaaahaaataa	City/State and Zip Code	
	brannon@alliedsearchpartners.com	1 for future annual report notification)	
		•	2 2
For furthe	r information concerning this matter, plea	se call:	31 ATE
	Brannon Owens at (06 248-5169	, mar
	Name of Person	Area Code Daytime Telephone Number	_
Enclosed	l is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	

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

ARTICLE I - Name: The name of the Limited Liability	Company is:			
PMB Investing, LLC		Liability Cor	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Li	mited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
1206 Thompson Place Daytona Beach, FL 3			1206 Thompson Place Daytona Beach, FL 32118	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its own	Registered A	Agent's Signature: gent. You must designate an individ	6 E
The name and the Florida street a	ddress of the registered	l agent are:		CRETA LASA
	Jonathan Brannon Ov			6 % XX
		Name		
	1206 Thompson Plac			
	Florida street address	s (P.O. Box N	OT acceptable)	RIDS 3-
	Daytona Beach	FL	32118	
	City	State	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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Jonathan Brannon Owens	<u> </u>
	1206 Thompson Place	
	Daytona Beach, FL 32118	
AMBR	Melissa Fae Owens	
	1206 Thompson Place	න
	Daytona Beach, FL 32118	
AMBR	Penny Kay Ginn	< 1
ANIDR	10358 Hwy 334	
	Nicholson, GA 30565	
	Micholson, GA 50303	
		ري پي
fective date is listed, the date must be sport of filing.)	e of filing: 5/10/16 (OPT pecific and cannot be more than five business days	prior to or 90 de
LE V: Effective date, if other than the date fective date is listed, the date must be spof filling.) If the date inserted in this block does not ument's effective date on the Department.	pecific and cannot be more than five business days meet the applicable statutory filing requirements, th	prior to or 90 de
LE V: Effective date, if other than the date fective date is listed, the date must be spof filling.) If the date inserted in this block does not	pecific and cannot be more than five business days meet the applicable statutory filing requirements, th	prior to or 90 de
LEV: Effective date, if other than the date fective date is listed, the date must be spof filling.) If the date inserted in this block does not ment's effective date on the Department.	pecific and cannot be more than five business days meet the applicable statutory filing requirements, th	prior to or 90 de
LE V: Effective date, if other than the date lective date is listed, the date must be spof filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, the of State's records.	prior to or 90 da
LE V: Effective date, if other than the date lective date is listed, the date must be spot filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material This document is exect I am aware that any false.	pecific and cannot be more than five business days meet the applicable statutory filing requirements, th	prior to or 90 da is date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sported in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a man This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, the of State's records. The member of an authorized representative of a member of a me	prior to or 90 da is date will not be

Page 2 of 2