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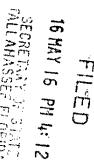
(Ře	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

	egistration Section livision of Corporations		
SUBJECT	PMI of St. John's County		
SUBJECT		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s	) are submitted	for filing.
Please retu	urn all correspondence concerning this	s matter to the fo	ollowing:
	Kristina R. Tejada		
		Name of	Person
	PMI of St. John's County		
		Firm/Cor	npany
	909 Hazeltine Ct.		
		Addre	ess
	St. Augustine, FL 32092		
	knehatcher@att.net	City/State and	I Zip Code
•	E-mail address: (to be u	sed for future ar	nnual report notification)
For further i	nformation concerning this matter, pl	ease call:	
	Kristina Tejada	904	429-7699
	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	L_Certifie	O Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	1	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## \*ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PMI of St. John's County LLC		FILE
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	FILED 16 MAY 16 PM
ICLE II - Address: nailing address and street address of the principal off	ice of the Limited Liability Company is:	SECRETARY OF 3 TALLAHASSEE FL
Principal Office Address:	Mailing Addr	
163 Corral Circle	909 Hazeltine Ct	
St.Augustine, FL 32092	St. Augustine, FL 32092	

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

another business entity with an active Florida registration.)

Name

909 Hazeltine Ct

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

St. Augustine

FL

32092

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..

Régistered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

Title:	th person authorized to manage and control the Limited Liabi	16 MAY 16
"AMBR" = Authorized Me "MGR" = Manager	вет	10
MGR - Manager	Kristina R. Tejada	SECRETARY I TALLAHASSEE
	163 Corral Circle	HALLAHASSEE
	St. Augustine, FL 32092	
AMBR	Kathryn Hatcher	
<del></del>	909 Hazeltine Ct.	
	St. Augustine, FL 32092	`
	-	
ective date is listed, the da	han the date of filing: June 1, 2016 (O must be specific and cannot be more than five business da	
EV: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blooment's effective date on the	han the date of filing: June 1, 2016 (O	ys prior to or 90 da
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Page 2 of 2