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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EDWIN D. KAGAN  
Account Number : I20020000150  
Phone : (813) 281-5609  
Fax Number : (813) 288-0428

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Small Business: obkagan@earthlink.net

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FALLAHASSE

FLORIDA LIMITED LIABILITY CO.  
PM Development, LLC

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Estimated Charge	\$125.00

SECRETARY OF STATE  
FALLAHASSE, FLORIDA

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FROM : EDWIN B. KAGAN, P.A.

PHONE NO. : 8132880428

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**ARTICLES OF ORGANIZATION**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**OF**

**PM DEVELOPMENT FLORIDA, LLC**

THE UNDERSIGNED, for the purpose of forming a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act, does hereby adopt the foregoing Articles of Organization:

**ARTICLE I - NAME**

The name of the limited liability company is **PM DEVELOPMENT FLORIDA, LLC.**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the limited liability company is:

401 Devonshire Street  
Oldsmar, FL 34677

**ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE**

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

**Name**

**Address**

Edwin B. Kagan

2709 Rocky Point Drive  
Suite 102  
Tampa, FL 33607

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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

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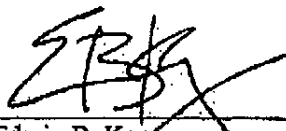
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performance of my duties, and I am familiar with and accept the obligations of my position as  
registered agent as provided for in Chapter 605, Florida Statutes.

  
Edwin B. Kagan

**ARTICLE IV - MANAGEMENT**

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title</u>	<u>Name and Address</u>
MGR	CCMM, LLC 401 Devonshire Street Oldsmar, FL 34677

*Michael Mattingly*

**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 Section 817.155, Florida Statutes.

Michael Mattingly  
Typed or printed name of signee