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COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT:	PM Business Services, LL			
501411.01.		me of Limited Liab	lity Company	
The enclose	d Articles of Organization and	fee(s) are submitte	d for filing.	
Please retur	n all correspondence concerni	ng this matter to the	following:	
	Paige Meriwether			
•		Name c	f Person	
	PM Business Services, LLC			
		Firm/C	ompany	
	13125 Osprey Avenue			
•		Ado	Iress	
	Weeki Wachee, FL 34614			
	aigem130@hotmail.com	City/State a	nd Zip Code	
<u>ν</u>	·	o be used for future	annual report notificat	ion)
For further in	formation concerning this mat	ter, please call:		
!	Paige Meriwether	813 ar (458-7648)	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amo	umt:		
□\$125.001	Filing Fee	Status Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporatior P.O. Box 6327	s	Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PM Business Services LLC	
(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "L.L.C.,")
TCLE II - Address: mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address
mailing address and street address of the principal office	

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

another business entity with an active Florida registration.)

Paige Meriwether		
	Name	
13125 Osprev Avenu	ie	<u> </u>
Florida street addres	s (P.O. Box <u>NOT</u> ac	rceptable)
Weeki Wachee	FL.	34614
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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Paige Meriwether
MGR	Erica P. Meriwether
	
(Use attachment if necessary)	
•	
	late of filing: <u>December 1, 2020</u> , (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this block does not the document's effective date on the Department	of meet the applicable statutory filing requirements, this date will not be listed as
·	and state steerings.
ARTICLE VI: Other provisions, if any.	
•	
REQUIRED SIGNATURE	1
<u> </u>	Newy 2
Signature 60a This document is eve	monther or an authorized representative of a member. ecuted in accordance with section 605,0203 (1) (b), Florida Statutes.
I am aware that any f	alse information submitted in a document to the Department of State
	gree felony as provided for in s.817,155, F.S.
<u>Paige Meriw</u>	ether Typed or printed name of signee
	Typed of printed name of signee

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

	136.4.15	B 1 112			
SUBJECT	:	ness Services, LLC			
		Name of Lin	nited Liabilit	y Company	
The enclose	ed Articles of	Organization and fee(s) ar	e submitted t	for filing.	
Please retur	n all corresp	ondence concerning this ma	atter to the fo	llowing:	
	Paige Meriw	rether			
			Name of I	erson	
	PM Busines	s Services, LLC			
			Firm/Con	npany	
	13125 Ospre	ey Avenue			
			Addre	SS	
	Weeki Waci	nee, FL 34614			
r	naigem 130@	C hotmail.com	City/State and	Zip Code	
<u>.</u>		E-mail address: (to be used	for future an	inual report notificati	on)
For further in		oncerning this matter, please		, , , , , , , , , , , , , , , , , , ,	· · · /
	Paige Meriw		13	458-7648	
-		at ())	
	Nam	ne of Person A	area Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy d copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address New Filing Section Di	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability C	Company is:			
PM Business Services	LLC			
		Liability Company,	"L.L.C.," or "LLC.")	
		, , ,		
ARTICLE II - Address:	ca : : i	ee ee		
The mailing address and street address	ess of the principal o	ffice of the Limited	Liability Company is:	
<u>Principal C</u>	Office Address:		Mailing Address:	
13125 Osprey Avenue		1313	25 Osprev Avenue	
Weeki Wachee, FL 346	[4		ki Wachee, FL 34614	
·				
ADDICA DELLA DE				
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an acti	nnot serve as its own	Registered Agent.		or
(The Limited Liability Company car	nnot serve as its own ve Florida registratio	Registered Agent.		or
(The Limited Liability Company car another business entity with an acti- The name and the Florida street add	nnot serve as its own ve Florida registratio lress of the registered	Registered Agent.		or
(The Limited Liability Company car another business entity with an acti- The name and the Florida street add	nnot serve as its own ve Florida registratio	Registered Agent.		or
(The Limited Liability Company car another business entity with an activate name and the Florida street add	nnot serve as its own ve Florida registratio lress of the registered	Registered Agent. n.) agent are: Name		or
(The Limited Liability Company car another business entity with an action The name and the Florida street add L	nnot serve as its own ve Florida registratio ress of the registered aige Meriwether	Registered Agent. n.) agent are: Name	You must designate an individual	OF
(The Limited Liability Company car another business entity with an action of the name and the Florida street add []	nnot serve as its own ve Florida registratio lress of the registered laige Meriwether (3125 Osprey Avenu	Registered Agent. n.) agent are: Name	You must designate an individual	or
(The Limited Liability Company car another business entity with an action of the name and the Florida street add []	nnot serve as its own ve Florida registration ress of the registered Paige Meriwether E3125 Osprey Avenu Florida street address	Registered Agent. n.) l agent are: Name le s (P.O. Box NOT a	You must designate an individual	or

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)

Park Muuu Z
Registered Agent's Signature (REQUIRED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
<u>AMBR</u>	Paige Meriwether
MGR	Erica P. Meriwether
(Use attachment if necessary)	
(Ose analy)	
	e of filing: December 1, 2020 . (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days after
he date of filing.) Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	t of State's records.
· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI: Other provisions, if any.	
DEALIDED CICAL TUDE	•
REQUIRED SIGNATURE:	
- Pai (l)	Vermu 2
Signature @a m	ionber or an authorized representative of a member.
This document is execu	uted in accordance with section 605.0203 (1) (b). Florida Statutes.
constitutes a third degree	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
<u>Paige Meriwetl</u>	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)