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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | PMRP E | ENTERPRISES LI | .c_ | |
|--|--|--|---|--|
| (Must cont | ain the words "Limited L | iability Company. | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street ac | ldress of the principal of | fice of the Limited | Liability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 5 N. Keystone Drive | | 5 N. | Keystone Drive | |
| Clearwater, FL 33755 | | Clea | Clearwater, FL 33755 | |
| (The Limited Liability Company | nt, Registered Office, & cannot serve as its own F | Registered Ager | | |
| (The Limited Liability Company another business entity with an a | nt, Registered Office, & cannot serve as its own F ctive Florida registration | Registered Ager Registered Agent. V | it's Signature: | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a | ent, Registered Office, & cannot serve as its own Fective Florida registration address of the registered a | & Registered Ager Registered Agent. \(\) agent are: | nt's Signature: You must designate an individual o | |
| (The Limited Liability Company another business entity with an a | ent, Registered Office, & cannot serve as its own Fective Florida registration address of the registered a | Registered Ager Registered Agent. V | nt's Signature: You must designate an individual o | |
| (The Limited Liability Company another business entity with an a | ent, Registered Office, & cannot serve as its own Fective Florida registration address of the registered and JOS | Registered Agent. Your Registered Agent. You agent are: SEPH A. MASON Name | nt's Signature: You must designate an individual c | |
| (The Limited Liability Company another business entity with an a | ent, Registered Office, & cannot serve as its own Fective Florida registration address of the registered and JOS | Registered Agent. No. 1 (2015) Agent are: SEPH A. MASON Name | nt's Signature: You must designate an individual c | |
| (The Limited Liability Company another business entity with an a | ont, Registered Office, & cannot serve as its own Feative Florida registration address of the registered at JOS | Registered Agent. No. 1 (2015) Agent are: SEPH A. MASON Name | nt's Signature: You must designate an individual c | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 SEP -1 AMIO: 15
SECRETARY OF STATE

| Title: | Name and Address: | |
|--|---|---------------------------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| MBR | JOHN W. PULIS | |
| | 25 Hemlock Radial Loop Ocala, FL 34472 | |
| | Ocara. 1 C 37472 | |
| MGR | <u>S</u> ANDRA K. PULIS | |
| | 25 Hemlock Radial Loop | |
| | Ocala, FL 34472 | |
| MGR | JOSEPH A. MASON | |
| | 5 N. Keystone Drive | |
| | Clearwater, FL 33755 | |
| MBR | RONNA A. MASON | |
| | 5 N. Keystone Drive | |
| | Clearwater, FL 33755 | |
| | | |
| (Use attachment if necessary) | | |
| CLE V: Effective date, if other than the date of filing: | | . (OPTIONAL) |
| effective date is listed, the date must be : | specific and cannot be more than five | business days prior to or 90 da |
| e of filing.) | | |
| If the date inserted in this block does no cument's effective date on the Department | t meet the applicable statutory filing re | quirements, this date will need |
| edition is effective date on the Departmen | it of state's records. | ALCR ALCR |
| CLE VI: Other provisions, if any. | | |
| | | |
| | | 79-72 |

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.

JOSEPH A. MASON

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)

PMRP ENTERPRISES LLC – ARTICLES OR ORGANIZATION

ARTICLE IV - ADDITIONAL MEMBERS PAGE

MBR – WILLIAM A. ROTE 3615 Island Club Drive, Apt. 9 North Port, FL 34288

MBR ~ NANCY ROTE 3615 Island Club Drive, Apt. 9 North Port, FL 34288

MBR – MARK PRUSAK 11296 90th Avenue N. Seminole, FL 33772

MBR – DIANA PRUSAK 11296 90th Avenue N. Seminole, FL 33772

> 2021 SEP -1 AM 10: 1: SECRETARY UF STATE