

L220000418601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

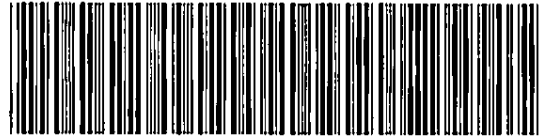
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Office Use Only



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S. CHATHAM

SEP 28 2022

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2022 SEP 21 PM 3:16
CLERK OF SUPERIOR COURT
JANUARY 10, 2022

RECORDED
2022 SEP 21 AM 10:21
CLERK OF SUPERIOR COURT
JANUARY 10, 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 09/21/2022

Acc#I20160000072

mic SW

Name:	PMC Everglade, LLC
Document #:	
Order #:	14550361

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Verifier _____
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Ref# _____

Amount: \$ 155.00

Thank you!

September 23, 2022

Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 21 PM 3:16

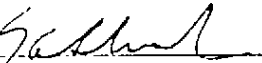
Re: Consent to Use of Similar Name

Ladies and Gentlemen:

PMC Everglade, Inc., a Florida corporation, hereby gives its consent to use of similar name PMC Everglade, LLC in the filing of the Articles of Organization with the Office of the Secretary of State of the State of Florida on or about the date of this letter.

Sincerely,

PMC Everglade, Inc.

By: 

Name: Kevin Sheehan

Title: President

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PMC Everglade, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Sheehan

Name of Person

PMC Everglade, LLC

Firm/Company

6400 N Andrews Ave, #180

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

ksheehan@pmcemail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca DiStefano

954

768-8221

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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 Company is:

PMC Everglade, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6400 N Andrews Ave. #180

Fort Lauderdale, FL 33309

6400 N Andrews Ave. #180

Fort Lauderdale, FL 33309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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.

C T Corporation System

By:

Kathryn A. Whelan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 SEP 21 PM 3:16
SECRETARY OF STATE
DIVISION OF CORPORATE STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Kevin Sheehan

6400 N Andrews Ave, #180

Fort Lauderdale, FL 33309

(Use attachment if necessary)

22 SEP 21 PM 3:16
STATE OF FLORIDA
DIVISION OF CORPORATE REGISTRATION

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Rebecca DiStefano

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.

Rebecca DiStefano

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)