

L22000447801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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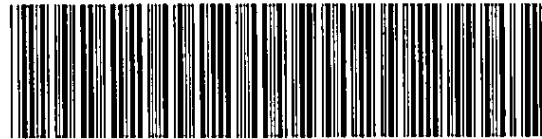
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 19 PM 2:15
CLERK OF COURT
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 19 AM 9:05

September 29, 2022

PETER THOMAS MILLARD
1780S STATE RD 7 APT 209
NORTH LAUDERDALE, FL 33068

SUBJECT: PTM CE LLC
Ref. Number: W22000123886

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 622A00021772

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DIVISION OF CORPORATIONS
FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PTM CE 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:

PETER THOMAS MILLARD

Name of Person

PTM CE LLC

Firm/Company

1780 S. STATE ROAD 7, APT. 209

Address

NORTH LAUDERDALE, FL 33068

City/State and Zip Code

PTMILLARD@HOTMAIL.COM

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

For further information concerning this matter, please call:

PETER T. MILLARD at (202) 345 4132

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

2022 OCT 19 PM 2:15
TALLAHASSEE, FL 32303

ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PTMICE LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

1780 S. STATE RD. 7, APT 209
NORTH LAUDERDALE
FLORIDA 33068

1780 S. STATE RD 7, APT 209
NORTH LAUDERDALE
FLORIDA 33068

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:

PETER T. MILLARD

Name

1780 S. STATE RD. 7 APT 209

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

N. LAUDERDALE FL 33068

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.,

P T Millard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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NOTARY PUBLIC
STATE OF FLORIDA

FILED

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

AMBR

PETER T. MILLARD

1740 S. STATE RD. 7, APT 209

NORTH LAUDERDALE FL 33468

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/1/2022 (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:

P. T. Millard

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.

PETER THOMAS MILLARD

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)

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STATE OF FLORIDA
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