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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : FL PATEL LAW PLLC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
National PMA Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 OCT 25 PM 1:10

22 OCT 25 PM 12:35
MAIL ADDRESS: 11000A



COVER LETTER

Wednesday, October 19, 2022

To: New Filing Section
Division of Corporation

Subject:
NATIONAL PMA GROUP, 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

FILED
 22 OCT 25 PM 12:35
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
NATIONAL PMA GROUP, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: National PMA Group, LLC (the “**Company**”).

ARTICLE II.
Address

The principal office and mailing address of the Company is:

9036 Fred St
Hudson, FL 34669

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent’s Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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.

Ada Reyes

_____ (sign)
FLP RA Services LLC

22 OCT 25 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FL 32310

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager <u>MGR</u>	Auden Hernandez Arcides, Jr. 9036 Fred St Hudson, FL 34669

ARTICLE V.

The Effective date shall be the date of filing.



(sign)

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.

Auden Hernandez Arcides, Jr.
Authorized Representative/Member

22 OCT 25 PM 12:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED