

L23000023845

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : I20010000122
Phone : (239)659-3800
Fax Number : (239)649-3410

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CHOERTZ@BSK.COM

**FLORIDA LIMITED LIABILITY CO.
PMK GLOBAL ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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FILED
2023 JAN 20 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
PMK GLOBAL ENTERPRISES, LLC
a Florida limited liability company

FILED
2023 JAN 20 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the limited liability company is PMK GLOBAL ENTERPRISES, LLC,
("company").

ARTICLE II

ADDRESS

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

Principal Office Address:

2747 ROUTE 20 EAST
CAZENOVIA, NY 13035

Mailing Address:

2747 ROUTE 20 EAST
CAZENOVIA, NY 13035

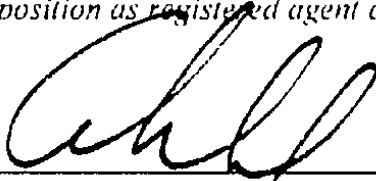
ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

CHRISTOPHER J. HOERTZ
4001 TAMiami TRAIL N., STE. 105
NAPLES, FL 34103

*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.*



CHRISTOPHER J. HOERTZ

((H23000026013 3))

ARTICLE IV

MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

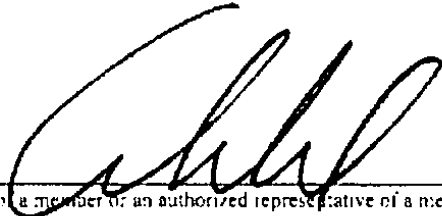
"AMBR" = Authorized Member

Name and Address:

AMBR

PETER M. KIP, JR.
2747 ROUTE 20 EAST
CAZENOVIA, NY 13035

REQUIRED SIGNATURE:



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.

CHRISTOPHER J. HOERTZ

Typed or printed name of signer

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