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(Address)
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#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 5/9/2023

**PRIORITY** , Regular Approval

OUR REF # (Order ID#); 1145084

ORDER ENTITY

PAMAYIMCHAIREB LLC

### PLEASE PERFORM THE FOLLOWING SERVICES: PAMAYIMCHAIREB LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: corp2@servico.com

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, May 9, 2023 Page 1 of 1

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### Article I

The name of the Limited Liability Company is:

#### PamavimchaiREB LLC

#### Article II

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

16794 Bridge Crossing Circle Delray Beach Fl. 33446

The mailing address of the Limited Liability Company is:

16794 Bridge Crossing Circle Delray Beach Fl, 33446

#### Article III

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

Michael Blum 16794 Bridge Crossing Circle Delray Beach Fl. 33446

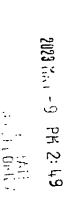
Having been named as registered agent and to accept service of process for the above states limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Registered Agent Signature: s/Michael Blum

#### Article IV

The name and address of the person(s) authorized to manage LLC:

AMBR Michael Blum 16794 Bridge Crossing Circle Delray Beach Fl. 33446



#### Article V

The effective date for this Limited Liability Company shall be:

5/9/2023

#### Article VI

Other provisions, if any:

Signature of member or an authorized representative

Dated: May 9, 2023

#### s/Scott J. Schuster

Scott J. Schuster. Authorized Representative

I am the member or authorized representative submitting these Articles or Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January I<sup>st</sup> and May I<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.