

L23000229156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800407516148

KC 5/10

RECEIVED

2023 MAY -9 PM 2:46

TALLAHASSEE, FL 32301

2023 MAY -9 PM 2:49

TALLAHASSEE, FL 32301

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**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: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

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.

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**Article I**

The name of the Limited Liability Company is:

**PamayimchaiREB 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

2023 Mar -9 PM 2:49  
J. J. O'NEILL

**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 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2023 MAY -9 PM 2:49  
- 1 -  
J. Schuster