

THE **L9700000/208**
1313 N. Main Street • Wilmington, Delaware 19801 • Telephone: (302) 575-4000 • Fax: (302) 575-1314

October 7, 1997

Corporate Records Bureau
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

~~798882334397~~ 3
-10/31/97--01056--012
*****35.00 *****35.00

RE: PMMJD Associates LLC
P3292772PMDON

000002323320--8
-10/17/97--01089--002
***250.00 ***250.00

Dear Sir or Madam:

Enclosed please find Certificate of Formation (and related documents, if appropriate) and our check in the amount of \$250.00 for PMMJD Associates LLC

Please file at your earliest convenience and return confirmation to my attention at the address which is listed above.

Please feel free to contact me directly at 1-302-575-0440, ext. 7003, with questions regarding the enclosed application.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 30 PM 1:57

Sincerely,

Shelley L. Dunkelberger

Shelley L. Dunkelberger
Corporate Filings

enc.

L9700000/208

Name	<i>OK</i>
Availability	<i>1030</i>
Document Examiner	<i>OK</i>
Updater	<i>OK</i>
Updater Verifier	<i>OK</i>
Acknowledgement	<i>OK</i>
W. P. Verifier	<i>OK</i>



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 20, 1997

SHELLEY L. DUNKELBERGER
THE COMPANY CORPORATION
1313 NORTH MARKET STREET
WILMINGTON, DE 19801-1151

SUBJECT: PMMJD ASSOCIATES LLC
Ref. Number: W97000023799

We have received your document for PMMJD ASSOCIATES LLC and check(s) totaling \$250.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 697A00051057

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97 OCT 30 PM 1:51

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is: **PMMJD Associates LLC.**

ARTICLE II.

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

7240 Grissom Pkwy
Cocoa, FL 32927

ARTICLE III.

The period of duration for the Limited Liability Company shall be:

25 years

ARTICLE IV.
(choose one)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

PIERRE DONAT
7240 GRISSOM PKWY
COCOA, FL 32927

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OR

_____ The Limited Liability Company is to be managed by member(s) and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V.

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

_____ *NONE (NO Additional Admissions)*

ARTICLE VI.

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be:

_____ *Nothing*

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member and authorized representative of a member of PMMJD Associates LLC deposes and says:

- 1) The above named Limited Liability Company has at least two members.
- 2) The total amount of cash contributed by the member(s) is \$ 500.00.
- 3) If any, the agreed value of property, other than cash contributed by the member(s) is \$ 500.00. Provide an itemized description on a separate sheet.
- 4) The total amount of cash or property anticipated to be contributed by the member(s) is \$ 500.00. The total includes amount from #2 and #3 above.

Pierre Donat

Signature of a member or authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation, under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

PMMJD Associates LLC

2. The name and address of the registered agent and office is:

Larry Wolfe

(Name)

200-A John Knox Road, Tallahassee, FL 32303-6643

(P.O. Box not acceptable)

(City/State/Zip)

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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.



(Signature)

October 7, 1997

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent