

m03000001271

(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:

None
Availability

Document
Number DCC

Office Use Only

No judgement DCC

Verifier DCC



000014233910

04/25/03--01012--007 **1050.00

03/19/03--01055--011 **160.00

FILED
03 APR 24 PM 1:20
TALLAHASSEE, FLORIDA

① Penalty (05)
Penalty 1,000.00
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TAX
FILING 1,050.00
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N. E. F
BALANCE DUE
REFUND

JOE MIKLAS

ATTORNEY, P.A.

March 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PM, LLC, an Indiana limited liability company

Dear Sir or Madam:

Enclosed please find original and copy of Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, with original Certificate of Existence, and Certificate of Designation of Registered Agent for the above-referenced company. In addition, a check in the amount of \$160.00 is enclosed which represents the following fees:

Filing fee (State)	\$100.00
Registered Agent fee	25.00
Certified copy	30.00
Certificate of Status	5.00
Total	\$ 160.00

Kindly file the original of the enclosed and return a file stamped copy to this office.

Thank you for your assistance in this matter. Should you have any questions or require any additional information, please phone.

Very truly yours,



Pamela Babson
for Joe Miklas

Offices: Mile Marker 88.7 • Florida Keys 33070
Mail: Post Office Box 366 • Islamorada, Florida Keys 33036

Telephone: 305-852-7225 • Facsimile: 305-852-4323

e-mail: FLKeysLawOffice@AOL.com

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03 APR 24 PM 1:20

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 20, 2003

PAMELA BABSON
JOE MIKLAS, ATTORNEY, P.A.
P.O. BOX 366
ISLAMORADA, FL 33036

SUBJECT: PM, LLC
Ref. Number: W03000008161

We have received your document for PM, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,050.00.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 103A00017246

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- Typed or printed name of signee

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PM, LLC

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

Joe Miklas

(Name)

88765 Overseas Highway

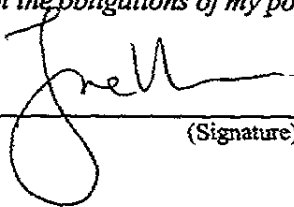
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tavernier

FL 33070

(City/State/Zip)

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 608, F.S.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

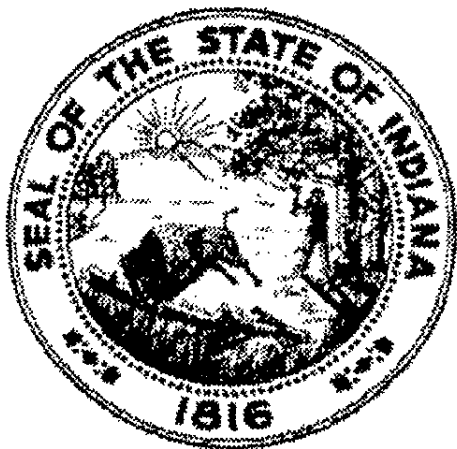
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

PM, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 28, 2001, and was in existence or authorized to transact business in the State of Indiana on March 07, 2003.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana, at the
city of Indianapolis, this Seventh Day of March, 2003 .

TODD ROKITA, Secretary of State

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TODD ROKITA
INDIANAPOLIS, IN

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