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(Re	equestor's Name)	
. (Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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EXAMINE ?

OR MAR 28 AM 9: 16
SECRETARY OF STATE
TALLAHASSEF F. STATE

B. KOHR

APR - 3 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2008

FLORIDA FILING & SEARCH SERVICES

TALLAHASSEE, FL

SUBJECT: PMB TECHNOLOGIES, LLC

Ref. Number: W08000016438

We have received your document for PMB TECHNOLOGIES, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being retained for the following:

The application indicates that this company has been transacting business in Florida since August 20, 2004.

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 \$4,288.75.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 808A00018764

08 APR -2 PH 12: 48

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

> If possible, please keep original file dak

DATE:

03-28-08

NAME:

PMB TECHNOLOGIES, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUISNESS

COST:

RETURN:

\$155

CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

LIMITED LIABILITY COMPANY

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	608.503		
	E WITH SECTION 6 07.1503 , FLORIDA STATUTES, THE FOLLOWI PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE (NG IS SUBMITTED TO OF FLORIDA.	
PMA	TECHNOLOGERS 11 C	FS 2 1	
(Enter name of co	Corporation; must include "INCORPORATED," "COMPANY," "CORPOR Corp." "Inc.," "Co.," or "Corp.")	NG IS SUBMITTED TO OF FLORIDA. ATION," neacting business in Florida)	
(If name unavaila)	lable in Florida, enter alternate corporate name adopted for the purpose of trai	nsacting business in Florida)	
2 DELEG	WARE 3 20-167	0578 500 6	
	vander the law of which it is incorporated) 3. 20 - 16 7 (FEI number,	п аррисаоте)	
4. 8 -	c of incorporation) 5. (Duration: Year corp. will construct the corp. will construct the corp.)	77	
(Date o	e of incorporation) (Duration: Year corp. will co	ease to exist or "perpetual")	
6 8	8.20.2004		
v	(Date first transacted business in Florida, if prior to registration (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty	n) Hability)	
7. 11705	5 EAST FORK ROAD BREVAR	0 NC 287/2	
	(Principal office address)		
11765	5 EAST FORK ROAD, BREVAR, (Principal office address) 5 EAST FORK ROAD, BREVAR, (Current mailing address)	D NC 287/2	
. بدا ادامه	10-0-1		
(Purpose(s)	LFACFURING (s) of corporation authorized in home state or country to be carried out in state	of Florida)	
9. Name and street	est address of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	Capitol Corporate Services, Inc.		
Office Address:	155 Office Plaza Drive, Suite A		
	Tallahassee , Florids 32301 (City) (Zip code)		
	(City) (Zip code)	~~	
Having been name designated in this a further agree to coi	gent's acceptance: ned as registered agent and to accept service of process for the above a application, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proper and co r with and accept the obligations of my position as registered agent.	d agree to act in this capacity. I	
	Cayle Windle, asst sec (Registered agent's signature)		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ROBERTD, CRESS Address: 11705 EAST FORK ROAD BREVARD, NC_ Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** MANAGER. ROBELT D CRESS Address: 11705 EAST FORK ROAD BRENGRA, NC 26712 Vice President: Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Robert A. CRESS

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PMB TECHNOLOGIES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PMB
TECHNOLOGIES LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST,
A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3845317 8300

080368647

Warret Smith Windsor, Secretary of State

AUTHENTICATION: 6484664

DATE: 03-28-08

You may verify this certificate online at corp.delaware.gov/authver.shtml