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J. SAULSBERRY EXAMINER

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COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJ	PMG ASSET RELIEF, LLC			
	Name of Limited Liability Company			
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floridae, and check are submitted to register the above referenced foreign limited liability company to transact bus			
Please	turn all correspondence concerning this matter to the following:			
	Philip C. Rosen, Esq.			
	Name of Person			
	Bloomgarden Goudreau & Rosen, P.A.			
	Firm/Company			
	8551 West Sunrise Boulevard, Suite 208			
	Address			
	Fort Lauderdale, FL 33322	2010 SEP	and the same	
	City/State and Zip Code			
		σ	1	
	pcrosen@lawbgr.com E-mail address: (to be used for future annual report notification)	<u>P</u>		
For fu		?: 3-	Annual Control	
	Philip C. Rosen, Esq. at (954) 370-2222			
	Name of Person Area Code & Daytime Telephone Number	-		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo	d is a check for the following amount:			
	\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\text{\$160.00 Filing Fee, 0}\text{\$0}\$ Certificate of Status & Certified Copy of Status & Certified Copy \$160.00 Filing Fee, 0 \$160.00 Fi			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

LHIV.	ITELY LIABILITY CONTRAINT TO TRAINSACT DOSINESS IN THE S	IATEOF FLORIDA.					
1	PMG ASSET F (Name of Foreign Limited Liability Company; must include	RELIEF, LLC	<u> </u>	45 -// 7	O 115		
	(Name of Foreign Limited Liability Company; must include	"Limited Liability Com	pany," "L.L.C.	.," or "LL	.C.")		
(1f ·	name unavailable, enter alternate name adopted for the purpose	of transacting business is	n Florido and a	ttach a co	an of	tha wei	ttan
	sent of the managers or managing members adopting the altern						iten
Cor	npany," "L.L.C," "LLC.")					-	
2	Illinois 3. Jurisdiction under the law of which foreign limited liability	(FEI num					
(. c	Jurisdiction under the law of which foreign limited liability ompany is organized)	(FEI num	ber, if applica	ble)			
4.	July 27, 2009 (Date of Organization) 5.	(Duration: Year limite	Perpetual				
	(Date of Organization)	(Duration: Year limite exist or "perpetual")	d liability com	pany will	cease	to	
6.	Upon Qualification		્) D	è		
	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration	i.)				
	·	determine penanty habit) IT	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	3	
7.	20900 NE 30th Avenue, Suite 601		- (<u> </u>	- -	1	•-
	Aventura, FL 33180		1 1**		<u>o</u> :	11	`
	(Street Address of	Principal Office)	ŗ	r	<u>،</u>		•
8.	If limited liability company is a manager-managed co	ompany, check here			ည		
o.	The name and usual business addresses of the manag	ina mamhara ar man	00000000000	fallows			
7.	The name and usual business addresses of the manag	ing members or man	agers are as	ionows	•		
	Ryan Shear, 875 N Michigan Ave, Ste 3100, C	hicago, IL 60611					
	Kayin Malanay 5 Fact 17th St 2nd Floor Naw	Vork NV 10002					
	Kevin Maloney, 5 East 17th St, 2nd Floor, New	TOIK, INT 10003					
	·						

	Attached is an original certificate of existence, no more than 90 day	•	•	_	•		sin
-	urisdiction under the law of which it is organized. (A photocopy i slation of the certificate under oath of the translator must be submit	-	tificate is in a to	oreign lan	guage,	a	
1011	sauon of the cartheau cirker carron the translator mass to saloning	ucci.)					
11.	Nature of business or purposes to be conducted or p	promoted in Florida:	any law	ful pur	ose		
-						 •	
	Signature of a member or an auth						
	(In accordance with section 608,408(3), F.S. an affirmation under the penalties of perjury	, the execution of this documents that the facts stated herein	ment constitutes are true.)				
		Maloney	>				

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	f the Limited Liability Company is:	
PMG ASSI	ET RELIEF, LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name ar	nd the Florida street address of the registered agent and office	are:
	Philip C. Rosen, Esq.	20I
	(Name) 8551 West Sunrise Boulevard, #208	2010 SEP 16
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Fort Lauderdale FL 33322 City/State/Zip	2: 3

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, Florida Statutes.

(Signature)

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PMG ASSET RELIEF, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 27, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, Theresto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH

day of

SEPTEMBER

A.D.

2010

Authentication #: 1025301856 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE