

H14000254856 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M1400007994

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000254856 3)))



H140002548563ABC2

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
14 NOV -3 PM 12:14

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

RECEIVED  
14 NOV -3 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**Foreign Limited Liability Company  
PMI Services, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

NOV 04 2014  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

H14000254856 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PMI Services, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Geraldine Garcia

Name of Person

InCorp Services, Inc.

Firm/Company

2380 Corporate Circle - Suite 400

Address

Henderson, NV 89074

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geraldine Garcia for InCorp Services, Inc.

at ( 702 ) 888-2500

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

H14000254856 3

H140002548563



November 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INCorp SERVICES INC

SUBJECT: PMI SERVICES, L.L.C.  
REF: W14000066546

\* Corrected \*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

✓ The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist IIFAX Aud. #: H14000254856  
Letter Number: 714A00023418

14 NOV -3 PM 12:14

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONSRECEIVED  
14 NOV -3 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

H140002548563

FILE

H14000254856 3

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. PMI Services, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PMI Resource, L.L.C.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0585867

(FEI number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 242 Lynbrook Blvd.

Shreveport, LA 71108

(Street Address of Principal Office)

6. 242 Lynbrook Blvd.

Shreveport, LA 71108

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

William M. Byrd, Manager 242 Lynbrook Blvd., Shreveport, LA 71108

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

William M. Byrd

Typed or printed name of signee

H14000254856 3

H140002548563

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

PMI Services, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

PMI Resource, L.L.C.

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

InCorp Services, Inc.

(Name)

17888 67th Court North

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee

FL

33470

City/State/Zip

FILED  
STATE DEPT. OF STATE  
DIVISION OF CORPORATIONS  
14 NOV -3 PM 12:14

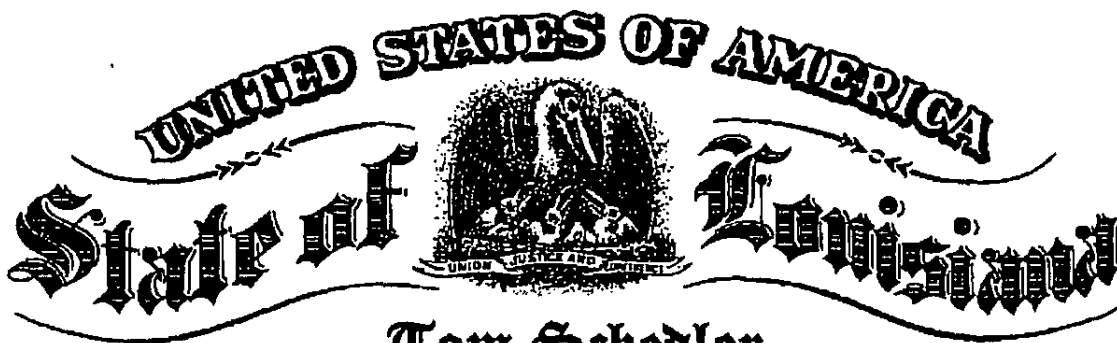
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 605, Florida Statutes.*

Geraldine Garcia Geraldine Garcia on behalf of InCorp Services, Inc.  
(Signature)

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

H140002548563

H14000254856 3



**Tom Schedler**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**PMI SERVICES, L.L.C.**

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on October 29, 2002,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

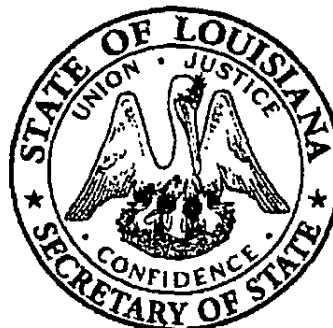
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 31, 2014

*Secretary of State*

Web 35364329K



Certificate ID: 10541147#4CF52

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)

H14000254856 3