

M/5 000002378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

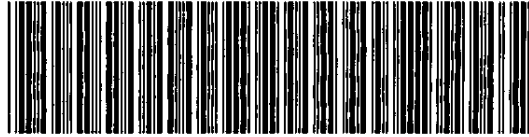
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*CAUS
701 LLC*

W15-13754

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M/5-2378

02/23/15--01028--002 **78.75

04/10/15--01002--008 **51.25

FILED
15 MAR 31 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR -1 2015

N. CAUSSEAU

M15-2378

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PMFR LLC.
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:

Sam Nehme
Name of Person

PMFR LLC.
Firm/Company

550 W. Sunrise Blvd.
Address

Ft. Lauderdale FL 33311
City/State and Zip Code

Sam@vipermc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Nehme at (954) 908-4660
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2015

SAM NEHME
PMFIZ LLC.
550 WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33311

SUBJECT: PMFR LLC
Ref. Number: W15000013754

We have received your document for PMFR LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

PLEASE SIGN AND RETURN CHECK

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 915A00005635

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

(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. Minnesota 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 550 W. Sunrise Blvd
Ft Lauderdale FL 33311
(Street Address of Principal Office)

6. 550 W. Sunrise Blvd
Ft Lauderdale FL 33311
(Mailing Address)

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

MGR Sam Nehme
550 W. Sunrise Blvd
Ft Lauderdale FL 33311

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)

Sam Nehme

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.)

Sam Nehme

Typed or printed name of signee

FILED
15 MAR 31 PM 12:01
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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:

PMFR LLC

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

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

Sam Nehme

(Name)

550 W. Sunrise Blvd

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

FT Lauderdale FL 33311

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 605, Florida Statutes.

Sam Nehme

(Signature)

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

FILED
15 MAR 31 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

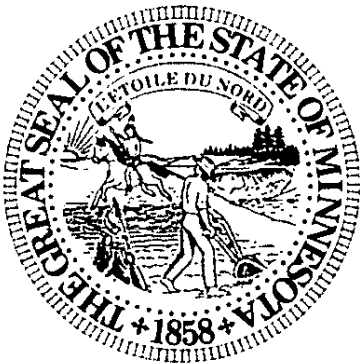
**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: PMFR LLC
Date Filed: 06/18/2013
File Number: 677903900022
Minnesota Statutes, Chapter: 322B
Home Jurisdiction: Minnesota

This certificate has been issued on: 03/02/2015

FILED
15 MAR 31 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Steve Simon

Steve Simon
Secretary of State
State of Minnesota