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(Requestor's Name) (Address) (Address)	100281060691
(City/State/Zip/Phone #)	01/20/1601006024 **125.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TALLAHASS
W16-3833	
Office Use Only	TIAN 2 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2016

PATRICK J. MCMAHON 27499 RIVERVIEW CENTER BLVD #2148 BONITA SPRINGS, FL 34134

SUBJECT: PJM HOMES LLC Ref. Number: W16000003833

We have received your document for PJM HOMES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 116A00001263 =

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TO:	Registration Section
	Division of Corporations

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SUBJECT: <u>P.T.M.</u>	HOMES LL	<u>c</u>			
	SUBJECT: <u>PTM HOMES LLC</u> Name of Limited Liability Company				
			ansact Business in Florida," Certificate of y company to transact business in Florida		
Please return all correspondent	ce concerning this matter to the	following:			
PA	TRICK T.	MC MAHON	2		
	N	ame of Person			
P	TM HOM	ES HAC			
,	F	irm/Company			
27499 RIVERVIEW CENTER BLVD. #248 Address					
		Address			
Bo	TA Spaine	s. Fh. 34	134		
	0.17				
	E-mail address: (to be use	d for future annual report no	tification)		
For further information concer	ning this matter, please call:				
PATRICK T.Y	AC MA A America		6105 41159		
 	e of Contact Person	at (<u>239</u>) <u>449</u> Area Code Day	ytime Telephone Number		
	20				
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations					
Registration Section	0113		tion Section		
P.O. Box 6327		Clifton I			
Tallahassee, FL 3231	4	2661 Ex	ecutive Center Circle see, FL 32301		
Enclosed is a check for the foll	owing amount:				
S125.00 Filing Fee		□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

01-12-'16 14:10 FROM-T-442 P0008/0009 F-927 APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITED TO RECESTER A POREGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PIMHOMES LAC. (Name of Porcign Limited Liability Company,""LLC.," or "LLC." (If name unavailable, cuter elternate name adopted for the purpose of transacting business in Florida. The attenues name must include "Limited Liability Company," "L.L.C," or "LI.C.") 2. A DA (Jurisdiction under the law of which foreign limited liability 3. (FEI number, of opplicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 27 A 90 RIVERVIEW CENTER BLVD Ht 248 BOWITA SPRINCS FL 34134 (Street Address of Principal Office) 2016 6.27499 RIVERVIEW CENTER JAN 27 # 248 BUNICA Spanines 7. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable) υ BUSINESS FILINGS INCOMPORATION Name: Office Address: 1200 South Pine Island Road Ē \sim Plantation , Florida <u>333</u>2 (City) Registered agent's acceptance: Heving been named as registered agent and to accept service of process for the above stated corporation at the place designated in

this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

8. The name, title or capacity and address of the person(s) who has have authority to have go is are: PATRIELL T. MC MAHON, 27 499 RIVER UNEW CONTER BLVD #248 BANITA SARINGS PATRICK J. MCMAHON, MANAGER Patrick 1 mc malion, MAN OVER

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Patrici A In maleon Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutas. 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.

PATAILIK J. MC MAHON Typed or printed name of signer



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PJM HOMES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 18, 2015, and is in good standing in this state.



Electronic Certificate Certificate Number: C20160112-0807 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 12, 2016.

Sachara K. Legenste

BARBARA K. CEGAVSKE Secretary of State

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

PJM HOMES LLC

PATRICK J MCMAHON SOLE MBR

LAS VEGAS, NV 89147

4730 S FORT APACHE RD STE 300

Date of this notice: 01-13-2016

Employer Identification Number: 81-1082075

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-1082075. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your BIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one BIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is PJMH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY)

575G . 01-13-2016 PJMH 0 999999999 SS-4

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Keep this part for your records. CP 575 G (Rev. 7-2007) _____ Return this part with any correspondence CP 575 G so we may identify your account. Please correct any errors in your name or address. 99999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-13-2016 () EMPLOYER IDENTIFICATION NUMBER: 81-1082075 -FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

PJM HOMES LLC PATRICK J MCMAHON SOLE MBR 4730 S FORT APACHE RD STE 300 LAS VEGAS, NV 89147