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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: _		- PMG SI	Sho I	Company	out 500	U LL(<u> </u>
		eign Limited Liability Comp d to register the above refere					
Please return a	ll correspondence c	oncerning this matter to the	following:				
	MARSHA SIH	A					
Name of Person							
	INCFILE.COM	1LLC					
	Firm/Company						
	17350STATEHWY 249SUITE 220						
Address							
	HOUSTONTX	77064					
	City/State and Zip Code						
shaunthorne4@gmail.com							
		E-mail address: (to be used	l for future annual	report not	ification)	_	
For further info	ormation concernin	g this matter, please call:					
MAF	RSHA SIHA		888 at (462-34	53X 701	or CD	٦.
	Name o	of Contact Person	Area Code	Day	time Telephone Number		=
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	28 PM 2: 49	1 FD	
	check for the follow 25.00 Filing Fee	ring amount: \$\Bigsim \text{\$\subset}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy	_	□ \$160.00 Filing Fee, of Status & Certified C		

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

IN COMPLIANCE WITH SECTION 605/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PMG SOHO IMPOR			
(Name of Fore	eign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al	ternate name adopted for the purpose of transact	ng business in Florida. The alternate nam	e must include "Limited
Liability Company," "L.L.C," 2. DELAWARE	or "LLC.")		
2. (Jurisdiction under the law	of which foreign limited liability 3	(FEI number, if applicable)	
company is organized)		(
4. N/A			_
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	i, if prior to registration.) o determine penalty liability)	
51475 NE 121st Str			_
NORTH MIAMI , FL	33161		
	(Street Address of Principal Off	ice)	•
6. 1475 NE 121st Stre	eet apt 205		_
NORTH MIAMI, FL	33161		
WILL	(Mailing Address)		-
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	OT_acceptable)	- o क
Name:	LEGALINC CORPORATE SERVICES	•	ES BT
Office Address:	5237 SUMMERLIN COMMONS SUI	ΓΕ 400	器 2 元
	FORT MYERS FL	, Florida <u>33907</u>	
	(City)	(Zip code)	
designated in this applica to complywith the provision	tance: gistered agent and to accept service of proc tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in the	is capacity. If wither agree
	mannat	Jarrel -	
	(Registered agent's	signature)	_
0 (71)		4	
	acity and address of the person(s) who has/h		
PEDRO GUERRA- AN	1BR - 1475 NE 121st Street apt 205	, NORTH MIAMI, FL 33161	144-11
			
	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is ubmitted)		
	(1) 2 d 1 2	\bigcap .	
	Signature of an autho	rized person	_
	č	•	
	d in accordance with section 605.0203 (1) (be of the Department of State constitutes a third		

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PMG SOHO IMPORT 5000 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 TWELFTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PMG SOHO IMPORT 5000 LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2011.

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



5045448 8300 SR# 20167015194



Authentication: 203489401

Date: 12-12-16