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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

	lew Filing Sec Division of Co					•
SUBJEC*	PF Design	and Manufacturing, L1	.C			
SOBJEC	·	Name of	Lim	ited Liabi	lity Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted	I for filing.	
Please reti	irn all correspo	ondence concerning this	mat	ter to the	following:	
	Patricio Gor	nzalez Fraccalvieri				
	•			Name of	l Person	
	PF Consultin	ng and Support Services	الال	.C		
	 -			Firm/Co	empany	
	33412 Terra	gona Dr				
		-	•	Addi	ress	
	Sorrento, FL	. 32776				
	patf.pfdesign(@gmail.com	Cit	ty/State ar	id Zip Code	
	F	i-mail address: (to be us	sed f	or future :	unual report notificati	ion)
For further i	nformation co	ncerning this matter, ple	ase	call:		
	Patricio G. Fi		407	7	314-6478	
	Nam	e of Person			Daytime Telephon	e Number
Enclosed is	s a check for th	ne following amount:				
	Filing Fee	_	&	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi	g Address Hing Section on of Corporations			Street Address New Filing Section Di The Centre of Tallaha	
	P.O. B	ox 6327 issee, FL 32314			2415 N. Monroe Stree	et, Suite 810

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
PF Design and Man	ufacturing, LLC			
	tain the words "Limited	Liability Company.	. "L.L.C.," or "LLC,")	-
ARTICLE II - Address: The mailing address and street a	address of the principal.	affice of the Limiter	H inhility Communic	
The manning address and street t	ida ess of the principal	omee or the Limitet	т глаониу Сотрану (8.	
<u>Princi</u>	oal Office Address:		Mailing Add	iress:
33412 Terragona Dr		334	12 Terragona Dr	
Sorrento, FL 32776			rento, FL 32776	·
				<u>.</u>
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its owi active Florida registrati	n Registered Agent. on.) d agent are: raccalvieri	nt's Signature: You must designate an i	ndividual or
		Name		
	33412 Terragona Dr			
	Florida street addres	ss (P.O. Box <u>NOT</u> a	(cceptable)	
	Sorrento	Florida	32776	
	City	State	Zip	
laving been named as registered lace designated in this certificate in the certificate in the right and accept the old in familiar with and accept the old in the certification in familiar with and accept the old in the certification in familiar with and accept the old in the certification in the certif	. I hereby accept the approvisions of all statutes in bligations of my position	pointment as register relating to the proper greenistered agent	ed agent and agree to ac and complete performa	t in this capacity. T

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company;

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
<u>AMB</u> R	PF Consulting and Support Services, LLC 33412 Terragona Dr Sorrento, F1, 32776
	
(Use attachment if necessary)	
If an effective date is listed, the date must be date of filing.)	date of filing: 07/01/2020 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
REQUIRED SIGNATURE:	apulled.
This document is ex I am aware that any	a member or an authorized representative of a member, secured in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State eggee felony as provided for in s.817.155, F.S.
<u>Patricio Gera</u>	nan Gonzalez Fracealvieri Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

TO:	New Filing Division of (Section Corporations			
S11D 1E		gn and Manufacturing	g, L.L.C		
SUBJE	SUBJECT:Name of Limited Liability Company				
The encl	losed Articles	of Organization and f	ee(s) are subir	nitted for filing.	
Please re	aurn all corre	spondence concerning	this matter to	the following:	
	Patricio G	Sonzalez Fraccalvieri			
			Nan	ne of Person	
	PF Consu	lting and Support Serv	rices, LLC		
			Firr	n/Company	
	33412 Ter	ragona Dr			
			,	Nddress	
	Sorrento, l	FL 32776			
	patf.pfdesig	n@gmail.com	City/Stat	e and Zip Code	
	<u>-, </u>	— 	e used for futi	are annual report notificat	tion)
For further	information c	concerning this matter.	, please cail:		
	Patricio G.	Fraccalvieri	407 _at (314-6478	
	Na	me of Person	Area Cod	le Daytime Telephor	ie Number
Enclosed	is a check for	the following amount	:		
	0 Filing Fee	C2\$130.00 Filing Certificate of Stat	Fee & □l: .us Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Divis P.O. 1	ing Address Filing Section ion of Corporations Box 6327 bassec, FL 32314		Street Address New Filing Section D The Centre of Tallah; 2415 N. Monroe Stre Tallahassee, Fl. 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	W. 29			
The name of the Limited Liabi	tity Company is:			
PF Design and Ma	nufacturing, LLC			
(Must co	ntain the words "Limite	d Liability Compar	y, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principa	l office of the Limit	ed Liability Company is:	
Princi	pal Office Address:		Mailing Add	dress:
33412 Terragona E Sorrento, FL 32770			3412 Terragona Dr orrento, FL 32776	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an The name and the Florida stree	ny cannot serve as its ov i active Florida registrat	vn Registered Agen tion.)	gent's Signature; t. You must designate an i	ndividual or
	Patricio Gonzalez I			
		Name		
	33412 Terragona D			
	Florida street addre	ess (P.O. Box <u>NOT</u>	(acceptable)	
	Sorrento	Florida	32776	
	City	State	Zip	
laving been named as registered dave designated in this certificate arther agree to comply with the part familiar with and accept the o	e, I hereby accupt the approvisions of all statutes bligations of my position	pointment as registive telating to the property of a received agents	ered agent and agree to accer and complete performant as provided for in Chapte Las provided for in Chapte Laure (REQUIRED)	t in this capacity. The nee of my duties, and f

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
ANIBR	PF Consulting and Support Services, LLC 33412 Terragona Dr Sorrento, FL 32776	
		<u></u>
		_
		_ _ _
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	ate of filing: 07/01/2020 (OPTIONAL) specific and cannot be more than five business days prior to or or the meet the applicable statutory filing requirements, this date will not of State's records.	•
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Gouph.	
This document is exect that any factors are that any factors are the control of t	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes life information submitted in a document to the Department of Statute felony as provided for in s.817.155, F.S.	:
<u>Patricio Germa</u>	m Gonzalez Fraegalvieri Typed or printed name of signee	202
\$125.00 Elling Park and all 1 of 6	Filing Fees:	<u>.</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$-30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2020 JUN 25 PK 12: ±9