

**L23000 259694**  
Florida Department of State  
Division of Corporations  
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(((H23000195724 3)))



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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
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Email Address: \_\_\_\_\_

RECEIVED  
2023 MAY 30 PM 12:17  
CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
PNS MANAGEMENT HOLDCO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2023 MAY 30 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

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*lex*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000195724

ARTICLE I - Name:

The name of the Limited Liability Company is:

PNS Management Holdco, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Two Doral Center  
3750 SW 87 Avenue, Suite 500  
Doral, FL 33178

Two Doral Center  
3750 SW 87 Avenue, Suite 500  
Doral, FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jennifer H. Dominguez, Esq.  
Name

Two Doral Center, 3750 SW 87 Avenue, Suite 500  
Florida street address (P.O. Box **NOT** acceptable)

Doral                      FL                      33178  
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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**TALLAHASSEE, FL**

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**ARTICLE IV-**

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

MGR

Dr. Jose A. Pelayo

6767 Collins Ave., #1000

Miami Beach, FL 33141

MGR

Ron Johnson

8323 NW 12th Street, Suite 216

Miami, FL 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Holly Elisabeth Cernano, Esq.

Signature of a member or an authorized representative of a member.

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

Holly Elisabeth Cernano, Esq.

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)

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TALLAHASSEE, FL

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