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

From: Account Name : RASCO KLOCK PEREZ & NIETO, P.L.  
Account Number : 104076000124  
Phone : (305)476-7100  
Fax Number : (305)476-7102

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: abazo@rascoklock.com

FLORIDA LIMITED LIABILITY CO.  
PDG Ventures, LLC

Certificate of Status	0
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T. BURCH  
DEC 20 2019

**ARTICLES OF ORGANIZATION**

In compliance with Chapter 605, F.S. (Limited Liability Company Act)

**ARTICLE I- NAME:** The name of the Florida limited liability company is: **PDG VENTURES, LLC**

**ARTICLE II- ADDRESS:** The principal and mailing address of the limited liability company is: **PDG VENTURES, LLC** 218 NW 24<sup>th</sup> Street Suite 205 Miami FL 33127.

**ARTICLE III- PURPOSE:** The limited liability company shall be investments in general and any lawful purposes and members and managers may consider from time to time.

**ARTICLE IV- REGISTERED AGENT:** The name and address of the registered agent of the corporation is: **TRANSWORLD BUSINESS MANAGEMENT, LLC** 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Registered Agent

12/13/19  
Date

**ARTICLE V- MANAGERS:** The name and address of person(s) authorized to manage the limited liability company:

- Manager- ARTURO H. GANTEAUME
- Manager- RAMIRO I. PARES
- Manager- LUIS G. DEGWITZ

All managers shall have the address- 218 NW 24<sup>th</sup> Street Suite 205 Miami FL 33127

**ARTICLE VIII- AUTHORIZED REPRESENTATIVE:** The name and address of the authorized representative for organization is: **TRANSWORLD BUSINESS MANAGEMENT, LLC** 2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134

I submit this document and affirm 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.

\_\_\_\_\_  
For Authorized Representative

12/13/19  
Date

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