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Division of Corporations

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RESENT
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES
Account Number : I19990000034
Phone : (954) 565-7723
Fax Number : (954) 568-6771

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Grove PNT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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BA 8/22

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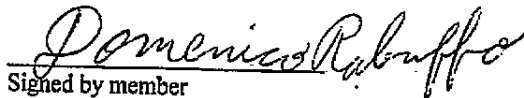
ARTICLES OF ORGANIZATION

OF

Grove PNT, LLC

ARTICLE ONE NAME

The name of the Limited Liability Company shall be Grove PNT, LLC

ARTICLE TWO PRINCIPAL OFFICEThe mailing address and the street address of the principal office of the Limited Liability company is:
2700 Tigertail Avenue, Miami, FL 33133ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESSThe name and Florida street address of the registered agent are 2700 Tigertail Avenue, Miami, FL 33133
~~THE NAME OF THE REGISTERED AGENT IS: DOMENICO RABUFFO.~~ARTICLE FOUR MANAGER(S) AND STREET ADDRESSThe Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company. The name and address of the manager of this company will be Domenico Rabuffo of
2700 Tigertail Avenue, Miami, FL 33133Signed by member
or an authorized representative of a member
Domenico Rabuffo

Dated

8-17-00

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 608, F.S.


Signed Domenico Rabuffo
Registered Agent

Dated

8-17-00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 22 PM 1:01

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