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| (F | Requestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (1 | Business Entity Name) | |
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| Certified Copies | Certificates of | Status |
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| Special Instructions | to Filing Officer: | |
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SECRETARY OF STATE
AH ASSEE FLORIDA

Office Use Only

COVER LETTER

| TO: | Registration Division of C | | | | | |
|--------|-------------------------------|---|-----------|---|----------------------------|---|
| SUBJ | FCT: | Р | ELN/ | AY IV, LLC | | |
| SUDJ. | ECI. | Territoria. | | pility Company | | |
| The er | sclosed Articles | of Organization and fee(s) are | submit | ted for filing. | | |
| Please | return all corres | pondence concerning this mat | ter to th | ne following: | | |
| | | PE | | A VILLA | | |
| | | | Name | of Person | | |
| | | PE | | Y IV, LLC | | |
| | | | Firm/C | Company | | |
| | | 4501 GRA | | A BOULEVARI |) | |
| | | | Ad | dress | | |
| | | | | LES, FL 33146 and Zip Code | | |
| | | | | | | |
| | | E-mail address: (to be used | | | ation) | |
| For fu | ther information | concerning this matter, pleas | e call: | | | |
| | | RO A VILLA | _ at (| 305) | | 26-7710 |
| | Name | e of Person | | Area Code & Dayti | me Tele | phone Number |
| Enclo | sed is a check f | or the following amount: | | | | |
|]\$125 | .00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | — Се | 55.00 Filing Fee & ertified Copy Iditional copy is enclo | _ |]\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street/Courier A Registration Section Division of Corporation Building 2661 Executive C Tallahassee, FL 3 | on orations Center C | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|--|--|
| PELNAY IV (Must end with the words "Limited Liabi | |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4501 GRANADA BOULEVARD | SAME |
| CORAL GABLES, FL 33146 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interpretation of the interpretatio | registered agent are: A VILLA BOULEVARD Box NOT acceptable) FL |
| liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe | accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and estered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: | | Name and Address: | | | |
|----------------------------|--|---|-------------------------|-----------|-------------------------------|
| "MGR" = Manag "MGRM" = Man | | | | | |
| MGRM | | PEDRO A VILLA | | | |
| <u>.</u> | | 4501 GRANADA BOULEVARD | | | |
| | | CORAL GABLES, FL 33146 | | | |
| MGRM | | LETTY M VILLA | | | |
| | | 4501 GRANADA BOULEVARD | | | |
| | | CORAL GABLES, FL 33146 | | | |
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| (Use attachment | if necessary) | | | | |
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| effective date is list | ted, the date must be s | ate of filing: (Outpecific and cannot be more than five bus | siness d | ays pr | rior |
| 0 days after the da | te of filing.) | - | | | |
| REQUIRED SIG | GNATURE: | | | | |
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| | Signature of a march on | Ulp | ĪĀS | | |
| | _ | or an authorized representative of a member. | | 9 | वाजसङ्ग्रह |
| | (In accordance with section of this document constitution) | on 608.408(3), Florida Statutes, the execution stee an affirmation under the penalties of perjury | EGRETARY OF LAHASSEE | 81 AW 60 | |
| | that the facts stated herein | are true.) | ASS | 8 | 32221 |
| | | PEDRO A VILLA | 33 | | |
| Filing Fees: | | d or printed name of signee | FF(S) | AM 11: 20 | ्रीयात्रकार्यात्री हे छ हि |
| C125 AO E32 - E | to a few Andrews (for | |] R[C | <u></u> | THE PERSON NAMED IN |
| _ | ee for Articles of Organiz | ation and Designation | \succeq_{\square} | 0 | |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)