

14000042833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

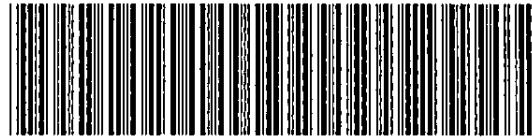
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/14/14--01001--019 \*\*160.00

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DEPARTMENT OF STATE  
MAR 13 PM 12 35  
TO ACCREDITED  
SUFFICIENT OF FILING

14 MAR 13 AM 9  
J. B. Myers  
MAR 14 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** SAVANNAH DEBOER  
**DATE:** 03/13/14  
**REF. #:** 7333642.9080703  
**CORP. NAME:** P3 INVESTMENTS I, LLC

<input type="checkbox"/> ARTICLES OF INCORPORATION	<input type="checkbox"/> ARTICLES OF AMENDMENT	<input type="checkbox"/> ARTICLES OF DISSOLUTION
<input type="checkbox"/> ANNUAL REPORT	<input type="checkbox"/> TRADEMARK/SERVICE MARK	<input type="checkbox"/> FICTITIOUS NAME
<input type="checkbox"/> FOREIGN QUALIFICATION	<input type="checkbox"/> LIMITED PARTNERSHIP	<input checked="" type="checkbox"/> LIMITED LIABILITY
<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> MERGER	<input type="checkbox"/> WITHDRAWAL
<input type="checkbox"/> CERTIFICATE OF CANCELLATION		
<input type="checkbox"/> OTHER:		

STATE FEES PREPAID WITH CHECK# 70016649 FOR \$ 160.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

<input checked="" type="checkbox"/> CERTIFIED COPY	<input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING	<input type="checkbox"/> PLAIN STAMPED COPY
<input type="checkbox"/> CERTIFICATE OF STATUS		

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
P3 INVESTMENTS I, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **P3 INVESTMENTS I, LLC**

**ARTICLE II: - Address**

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

1101 Brickell Avenue  
8<sup>th</sup> Floor  
Miami, Florida 33131

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

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

**NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, Florida 33324**

*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.*

NRAI Services, Inc., as Registered Agent

By: Katie Wonsch, Asst. Sec.  
Name: Katie Wonsch  
Title: Assistant Secretary

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TALLAHASSEE, FLORIDA  
JAN 10 19 11 09 28

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

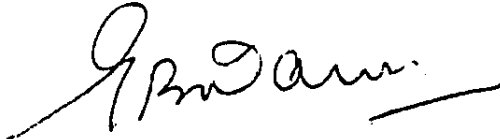
Title:

Name and Address:

AMBR

Butani Capital Partners, LLC  
780 NE 69<sup>th</sup> Street  
Miami, Florida 33138

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization  
on March 12 2014.



\_\_\_\_\_  
Gaurav Butani, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Gaurav Butani

Typed or printed name of signee

14 APR 13 AM 9:28  
STATE OF FLORIDA  
TALLAHASSEE