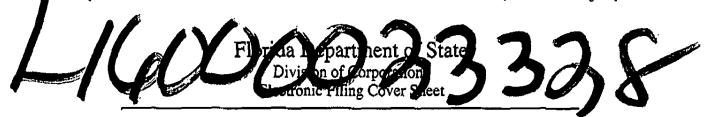
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000019894 3)))



H160000198943ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (786)288-5699

Fax Number : (866)856-1462

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

Email Address: Paula Feldmanclosings.com

FLORIDA LIMITED LIABILITY CO. PFPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FEB 1 2016,

ᇬ

26 图 6-839 91

ARTICLESOFOR	GANIZATION FOR	FLORIDA LIMITEI	LIABILITY COMPANY	- 11 pm so
A MATERIAL PLANTS	•			8 14 PM 12: 10
ARTICLE I - Name: The name of the Limited Liability Co	mnasvie		1017	R 1
The Maine of the Limited Blashing Co	inpany is.	•	to the second	" "4 PM 12: 1n
			HT II.	
PFPA, LLC				SOLL SOLL
(Must end with	the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	PH 12: 10
ARTICLE II - Address: The mailing address and street addre	ss of the principal o	ffice of the Limited	i Liability Company is:	
Principal O	ffice Address:		Mailing Addre	288 ;
2750 NE 185th Street, St	zite 203	275	0 NE 185th Street, Suite 2	03
Aventura, FL 33180			entura, FL 33180	
<u>-</u>	ess of the registered aul Feldman, Esq. 750 NE 185th Street address	Name	accentable)	
			•	
<u> </u>	ventura	FL	33180	
	City	State	Zip	
laving been named as registered ager place designated in this certificate, I h urther agree to comply with the provis am familiar with and accept the obliga	ereby accept the app sions of all statutes r tions of my position	pointment as registe eloting to the prope as registered agen aul Feldma	red agent and agree to act i er and complete performand t as provided for in Chapter	in this capacity. I se of my duties, and t
		(CONTINUED)	

Page 1 of 2

Title:		Name and Address:
	uthorized Member	
"MGR" = Ma	inager	Paul Feldman, P.A.
AWDK		2750 NE 185th Street, Suite 203
		Aventura, FL 33180
	·	
EV: Effective date is	ent if necessary) re date, if other than the date of listed, the date must be speci	filing: (OPTIONAL) file and cannot be more than five business days prior to or 90
LE V: Effective date is of filing.) If the date inscription	e date, if other than the date of listed, the date must be speci	et the applicable statutory filing requirements, this date will not
LE V: Effective date is of filing.) If the date inserument's effecti	re date, if other than the date of listed, the date must be speci- ted in this block does not med ve date on the Department of rovisions, if any.	et the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective date is e of filing.) If the date inserument's effective the view of the property of the prop	re date, if other than the date of listed, the date must be speci- ted in this block does not med the date on the Department of rovisions, if any. SIGNATURE:	et the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective date is e of filing.) If the date inserument's effective the view of the property of the prop	re date, if other than the date of listed, the date must be speci- ted in this block does not med the date on the Department of rovisions, if any. SIGNATURE:	et the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective date is e of filing.) If the date inserument's effective the view of the property of the prop	re date, if other than the date of listed, the date must be specified in this block does not merve date on the Department of rovisions, if any. Signature of a mem This document is executed 1 am aware that any false in	et the applicable statutory filing requirements, this date will not State's records.
CLE V: Effective date is e of filing.) If the date inserument's effective the view of the property of the prop	re date, if other than the date of listed, the date must be specified in this block does not merve date on the Department of rovisions, if any. Signature of a mem This document is executed I am aware that any false in constitutes a third degree for	et the applicable statutory filing requirements, this date will not State's records. State 's
CLE V: Effective date is a of filing.) If the date inserument's effective the view of the property of the prop	re date, if other than the date of listed, the date must be specified in this block does not mere ve date on the Department of rovisions, if any. Signature of a mem This document is executed I am aware that any false in constitutes a third degree for PAUL FELDMAN	et the applicable statutory filing requirements, this date will not State's records. State 's
CLE V: Effective date is a of filing.) If the date inserument's effective the view of the property of the prop	re date, if other than the date of listed, the date must be specified in this block does not mere ve date on the Department of rovisions, if any. Signature of a mem This document is executed I am aware that any false in constitutes a third degree for PAUL FELDMAN	State's records. State of a member. It is accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State belony as provided for in s.817.155, F.S.