

7/30/2018

Division of Corporations

# L18000183113

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(((H18000218869 3)))



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

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
PJGF HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED  
2018 JUL 30 PM 4:46  
DIVISION OF CORPORATIONS  
LEGALINC CORPORATE SERVICES

2018 JUL 31 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the Limited Liability Company is:

**PJGF HOLDINGS, LLC**

**ARTICLE II**

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

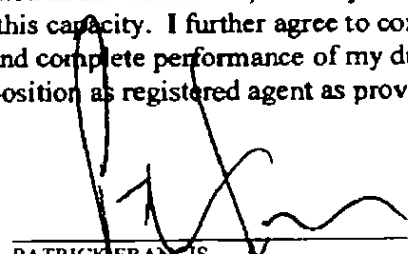
**7801 N.E. 4<sup>th</sup> Court, Apt. 108  
Miami, FL 33138**

**ARTICLE III**

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

**PATRICK FRANCIS  
7801 N.E. 4<sup>th</sup> Court, Apt. 108  
Miami, FL 33138**

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 605.0201, F.S.

  
\_\_\_\_\_  
PATRICK FRANCIS  
Registered Agent

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ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member  
"MGR" = Manager

Name and Address:

MGR

Patrick Francis  
Post Office Box 381606  
Miami, FL 33238

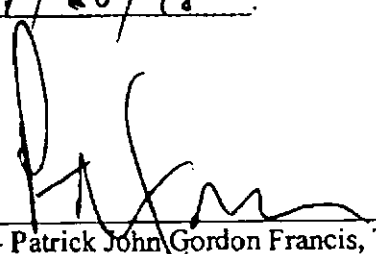
AMBR

Patrick John Gordon Francis, Trustee  
of the Patrick John Gordon Francis  
Revocable Trust u/a/d June 26, 2017  
Post Office Box 381606  
Miami, FL 33238

ARTICLE V

Effective date, date of filing: 7/20/18

REQUIRED SIGNATURE:



Signature of a member - Patrick John Gordon Francis, Trustee of the  
Patrick John Gordon Francis Revocable Trust u/a/d June 26, 2017

(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 s.817.155, F.S.)

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