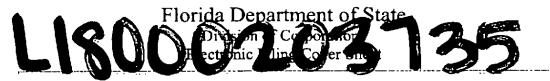
8/24/2018

To:

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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.

PF Miramar, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$ 155.00

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Corporate Filing Menu

Help

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ARTICLESOFO	ORGANIZATION FOR I	FLORIDA LIMITED LI	ABILITYCOMPANY
ARTICLE I - Name: The name of the Limited Liability	Company is:		
PF Miramar, LLC (Muss contai	n the words "Limited	Jability Company, "I	.J.C. "or "LLC.")
ARTICLE II - Address: The mailing address and street add			
Principal	Office Address:		Mailing Address:
	12601 Miramar Parkw ir, FL 33027	<u></u>	9 Grand Ave., Suite 2D Toms River, NJ 08753
ARTICLE III - Registered Agen (The Limited Liability Company o another business entity with an ac	annot scrvc as its own	Registered Agent. Yo	s Signature: ou must designate an individual or
The name and the Florida street ad	dress of the registered	agent arc:	
•	C T Corporation Sys	Name	
	1200 South Pine Isla Florida street addres	and Road s (P.O. Box <u>NOT</u> acc	uptable)
	Plantation,	Florida	33324
	City	State	Zip

Having been named as registered agent and to accept survice 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..

C T Corporation System

(Registered Agent's Signature (REQUIRED)

Ann J. Williams, Assistant Vice President (CONTINUED)

Title:		Name and Address:
"AMBR" = Authori	zed Mambe r	
"MGR" = Manager		
AMBR		PF Atlantic Hold∞ 2. LLC
	•	9 Grand Ave., Suite 2D
		Toms River, NJ 08753
 -		
		
		
EV: Effective date, etive date is listed, filing.) the date inserted in	if other than the date of fili the date must be specific this block does not meet the	and cannot be more than five bosiness days prior to or the applicable statutory filing requirements, this date will n
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