L19000246364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

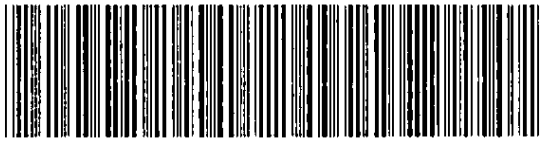
(Business Entity Name)

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2019 OCT 10 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT 10 PM 4:23

OCT 11 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 950627 4311639

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE : October 10, 2019

ORDER TIME : 3:52 PM

ORDER NO. : 950627-025

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: PB PALM BEACH LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: AMANDA ROBINSON EXT. # 62968

EXAMINER'S INITIALS: _____

2210CT 10 PM 3:23

ARTICLES OF ORGANIZATION
OF
PB PALM BEACH LLC

ARTICLE I: - Name
The name of the Limited Liability Company is:

PB PALM BEACH LLC

ARTICLE II: - Address
The mailing address and street address of the principal office of the Limited Liability Company are:

c/o Vilardi & Co.
213 West 35th Street
Unit 802-B
New York, NY 10001

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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.

Corporation Service Company, Registered Agent

By: Roxanne Turner
Name: Roxanne Turner
Title: Asst. Vice President

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on October 3, 2019.

Gary M. Kravetz, Authorized Signer

(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.)

Gary M. Kravetz

Typed or printed name of signee