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COVER LETTER

	New Filing Se Division of Co				
SUBJEC		Avenue, LLC			
300000	••	Name of Lir	nited Liabil	ity Company	
The enclo	sed Articles o	f Organization and fee(s) ar	e submitted	for filing.	
Please ret	urn all corresp	ondence concerning this ma	atter to the	following:	
	Paul Gionis				
			Name of	Person	
	Gionis & L	illy, PLLC			
			Firm/Co	mpany	
	1299 Main	Street, Suite C			
			Addr	ess	
	Dunedin, F	L 34698			
	pgionis@gio		lity/State an	d Zip Code	
		E-mail address: (to be used	for future a	innual report notificati	ion)
For further	information c	oncerning this matter, pleas	e call;		
	Paul Gionis		27	446-3333	
	Nar			Daytime Telephon	
Enclosed	is a check for	the following amount:			
□\$125.0	0 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Filing Section Division of Corporati	ons	
			Clifton Building 2661 Executive Center	er Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
PLDD 1st Avenue, LI	.C			
(Must conat	in the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal	office of the Limit	ted Liability Company is:	
-			, , ,	
<u>Principa</u>	Office Address:		Mailing Address:	
C/O The Denunzio Group, LLC		<u>c</u>	C/O The Denunzio Group, LLC	
3060 Alternate 19 No	πh	3	3060 Alternate 19 North	
Palm Harbor, FL 34683		P	Palm Harbor, FL 34683	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ad-	cannot serve as its ow ctive Florida registrati	n Registered Ager ion.)	gent's Signature: nt. You must designate an individual or	
	Paul Gionis			
Name				
1299 Main Street, Suite C				
	Florida street address (P.O. Box <u>NOT</u> acceptable)			
	Dunedin	FL	34698	
	City	State	Zip	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

9 NOV 22 AN 12: 5

ARTICLE IV-

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

MGR The Denunzio Group, LLC 3060 Alternate 19 North Palm Harbor, FL 34693 MGR Paul Lohnes 75 Cambridge Parkway, Suite 100 Cambridge, MA 02142 (Use attachment if necessary) IRTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. IRTICLE VI: Other provisions, if any. REOUTED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a hird degree felony as provided for in s.817.155, F.S. Typed or printed name of signee	<u>Title:</u> "AMBR" =	Name and Address; Authorized Member
Alternate 19 North Palm Harbor, F1, 34683 MGR Paul Lohnes 75 Cambridge Parkway, Suite 100 Cambridge, MA 02142 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (F an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after to date of filing.) Note: (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as he document's effective date on the Department of State's records. RETICLE VI: Other provisions, if any. REOUTED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605 0203 (1)(b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a paird degree felony as provided for in s.817.155, F.S.		
MGR Paul Lohnes 75 Cambridge Parkway, Suite 100 Cambridge, MA 02142 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:	<u>M</u> GR	
(Use attachment if necessary) (Use attachment if necessary) (It is attachment if necessary) (It		3060 Alternate 19 North
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Typed or printed name of signee		This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.
Typed or printed name of signee		<u> Paul Gionis</u>
		Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

9 KOV 22 TH I2: 5