11/27/2019



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To:	Division of Corporations	ECO	2019 DEC	
	Fax Number : (850)617-6381		() - 2	- مرد المرد الم المرد المرد الم المرد المرد الم
From:				
	Account Name : C T CORPORATION SYSTEM	-	ÂM	;-*
	Account Number : FCA00000023	-1. 	ö	١.
	Phone : (614)280-3338	. <u>.</u>		
	Fax Number : (954)208-0845	FL	04	
	the email address for this business entity to be used for future bual report mailings. Enter only one email address please.**			

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FLORIDA LIMITED LIABILITY CO. PV WEST PALM BEACH LLC

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To: Page 3 of A		
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SECRETARIA HISTATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

PV WEST PALM BEACH LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

SUITE 1509 MIAMI, FL 33156

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

Francipal Office Address.	
9130 S DADELAND BOULEVARD	9
ACTIVITY 1 1 4 4	0

Principal Office Address

Mailing Address:

9130 S DADELAND BOULEVARD
 SUITE 1509
 MIAMI, FL 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GUZMAN & GUZ	MAN, P.A.	
	Name	
9130 S DADELAN	D BOULEVARD, <u>S</u>	UITE 1509
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33155
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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.

ure (REQUIRED) Registered

(CONTINUED)

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

<u>Titls:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" ≠ Manager MGR	SCRE MANAGEMENT LLC 9130 S DADELAND BOULEVARD, SUITE 1509 MIAMI, FL 33156	
		(D)
		2019 DEC
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(Use attachment if necessary)		

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_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing. (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.

ARTICLE VI: Other provisions, if any.

REQUIRED 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 third degree felony as provided for in s.817.155, F.S.

> SCRE Management LLC - Manager 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 5.00 Certificate of Status (Optional)