## L19000304644

(Requestor's Name)	
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PICK-UP WAIT MAIL	•
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 Date: **December 20, 2019 ERIC HOOD** Name:\_\_\_\_ 1167751 Reference #:\_\_\_\_ PA PORTOFINO LLC Entity Name:\_\_\_\_\_ FILRST ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion ☐ Dissolution/Withdrawal Fictitous Name ✓ Other \_\_\_\_\_ **CERTIFIED COPY** Authorized Amount: \_\_\_\_ \$155.00 Signature: Tic Hood

AA (0120 2786 1000

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

The name of the Limited Liability	y Company is:			2019 DEC 20 AH 8: 45
PA Portofino, LLC  (Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")			SECRETARY OF STATE TALLAHASSEE, FL	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	office of the Limited I.	iability Company is:	
Princip		Mailing A	ddress:	
777 Brickell Avenue		777 B	rickell Avenue	
Suite 1200		Suite		
Miami, Florida 3313	1	Miam	i, Florida 33131	
		GS 1 Capital, LLC Name Brickell Avenue, Suit	e 1200	-
	Florida street address (P.O. Box NOT acceptable)			-
	Miami_	Florida	33131	
	City	State	Zip	
laving been named as registered of the control of t	I hereby accept the approvisions of all statutes rolligations of my position	ointment as registered elating to the proper a as registered agent as	l agent and agree to a nd complete perforn provided for in Cha	act in this capacity. I nance of my duties, and I
	Regist	tered Agent's Signatur	re (REQUIRED)	

(CONTINUED)

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

Title:	Name and Address:
MGR	PA Equity Investments, LLC
	777 Brickell Avenue, Suite 1200 Miami, Florida 33131
<del></del>	
	SEC 77
	C 20 AH
<del>.</del>	PRY OF SHAT
(Llac muo	hment if necessary)
•	
f an effective dat le date of filing.) <u>lote:</u> If the date i	ctive date, if other than the date of filing:
	ective date on the Department of State's records.
	er provisions, if any.
REQUIR	ED SIGNATURE:
	But
	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.
	Gavin Beekman, Authorized Signatory
	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)