# L20000214369

(Requestor's Name)
(Requesions Traine)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: July 27, 2020	Account#, 120000000000
Name:ERIC HOOD	
Reference #:1247247	
Entity Name: PW EQUITY VENTURES II, L	LC
✓ Articles of Incorporation/Authorization to Transact E	Business
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
✓ Other CERTIFIED CO	PY
Authorized Amount: \$155.00	
Signature: Tric Hood	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	$\Pi C$	LFI	l - Name:

The name of the Limited Liability Company is:

# PW Equity Ventures II, LLC

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

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
777 Brickell Avenue	777 Brickell Avenue
Suite 1200	Suite 1200
Miami, Florida 33131	Miami, Florida 33131

### 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:

JMGS 1 Capital	l, LLC	
	Name	
777 Brickell Ave	enue, Suite 1200	
Florida street addr	ess (P.O. Box <u>NOT</u> acc	ceptable)
Miami	Florida	33131
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)

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SECRETARY OF STATE
TALLAHASSEE, FISHIE,

# ARTICLE IV-

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

Title:	Name and Address:
MGR	Pensam Management Services, Inc. 777 Brickell Avenue, Suite 1200 Miami, Florida 33131
·	
(Use attachmen	t if necessary)
(If an effective date is list the date of filing.) Note: If the date inserte the document's effective ARTICLE VI: Other pro	date, if other than the date of filing:
REOUIRED S	IGNATURE:
	Charles The Comment of the Comment o
-	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)
- S 5.00 Certificate of Status (Optional)