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To:	Division of Cor	porations	킃읡
		: (850)617-6381	S.E.
From:			<u> </u>
	Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.	TT :
	Account Number	: 110432003053	<u> </u>
	Phone	: (561)694-8107	\o
	Fax Number	: (561)214-8442	REDA
		s for this business entity to be used for ngs. Enter only one email address please.	
Em	ail Address:		

FLORIDA LIMITED LIABILITY CO.

P+L A&P Holdings, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2020 OCT 12 PM 1:4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARIKLESOF	ORGANIZATION TORUE	THE PARTY OF THE P		
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
P+L A&P Holdings,	LLC			
(Must conta	in the words "Limited Lial	bility Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal offic	e of the Li	mited Liability Company is:	
Princips	il Office Address:		Mailing Address:	
1295 US Highway O	nė		1295 US Highway One	
North Palm Beach, F		_	North Palm Beach, FL 33408	
another business entity with an a	cannot serve as its own Re active Florida registration.)	gistered A	Agent's Signature: gent. You must designate an individu	al or
The name and the Florida street	address of the registered ag	ent are:		
	Comiter, Singer, Basem		n, LLP	
	N	lame		
	3825 PGA Blvd., Suite	701		
	Florida street address (F		OT acceptable)	
	Palm Beach Gardens	FL	33410	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the appoint ovisions of all statutes related in the statutes related in the statutes of my position as the statutes of my position as the statutes are statuted in the statutes of the statute	tment as re ting to the p registered	for the above stated limited liability congistered agent and agree to act in this proper and complete performance of magent as provided for in Chapter 605. Signature (REQUIRED)	s capacity. I my duties, and I

Title:	Name and Address:
"AMBR" = Authorized Mer	nber
"MGR" = Manager	
MGR	Brian Idle
artott.	1295 US Highway Onc
	North Palm Beach, FL 33408
	<u> </u>
	<u> </u>
	<u> </u>
	
	<u> </u>
	2021
	<u> </u>
(Use attachment if necessar	у)
F.V: Effective date, if other	than the date of filing: (OPTIONAL)
EV: Effective date, if other ective date is listed, the dat of filing.) the date inserted in this bloment's effective date on the	than the date of filing:
ective date is listed, the dat of filing.) The date inserted in this blo	than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days prior to or 90 to the does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
E V: Effective date, if other ective date is listed, the dat of filing.) The date inserted in this bloment's effective date on the E VI: Other provisions, if ar	than the date of filing:
E V: Effective date, if other ective date is listed, the dat of filing.) The date inserted in this bloment's effective date on the E VI: Other provisions, if ar REQUIRED SIGNATUR	than the date of filing:
EV: Effective date, if other ective date is listed, the dat of filing.) the date inserted in this bloment's effective date on the EVI: Other provisions, if ar REQUIRED SIGNATUR Sign: This docur	than the date of filing:
E V: Effective date, if other ective date is listed, the dat of filing.) The date inserted in this bloment's effective date on the E VI: Other provisions, if ar REQUIRED SIGNATUR Sign: This docur	than the date of filing:
EV: Effective date, if other ective date is listed, the dat of filling.) the date inserted in this bloment's effective date on the EVI: Other provisions, if an area of the experiment of the ex	than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)