## L21000218313

Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(ORPORATED ZIPPE HOLLE #)
☐ PICK UP ☐ WAIT ☐ MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/14/2021		
Name:	Eric Marcano	<del></del>	
	1373664		
	PA BII	RMINGHAM, LLC	
✓ Article	s of Incorporation/Authorizati	on to Transact Business	
Amen	dment		
☐ Chang	ge of Agent		
☐ Reinst	atement		
☐ Conve	ersion		
☐ Merge	r		
☐ Dissol	ution/Withdrawal		F. 3 # 1
Fictitio	ous Name		
✓ Other_	Please prov	ide a certified copy upon filing.	
			: 25: : 5:
Authorized Ai	mount: <b>\$155.00</b>		1.
Signature:	Eric Marcano	<del></del>	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/14/2021		
Name:	Eric Marca	ino	
	13736		-
Entity Name:		PA BIRM	INGHAM, LLC
			o Transact Business
Amend	dment		
Chang	e of Agent		
☐ Reinst	atement		
☐ Conve	rsion		
☐ Merge	r		
☐ Dissoft	ution/Withdrawal		
Fictitio	us Name		
Other_		Please provide	a certified copy upon filing.
Authorized Ar	mount:	\$155.00	
Signature:	Eric Marcano		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PA Birming	gham, 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 t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address:  777 Brickell Avenue Suite 1200 Miami, FL 33131	<u>Mailing Address:</u> 777 Brickell Avenue Suite 1200 Miami, FL 33131

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

JA	AGS 1 Capital, LL0	0
	Name	
777 Brick	cell Avenue, Suite	1200
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
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)

А	к	t i	I.⊮.	1 V -

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

<u>Title:</u>	Name and Address:
MGR	PA Equity Investments, LLC 777 Brickell Avenue, Suite 1200
	777 Brickell Avenue, Suite 1200 Miami, FL 33131
(Use attachn	ment if necessary)
(If an effective date is the date of filing.) Note: If the date inse	we date, if other than the date of filing:
	SIGNATURE:
	there ?
	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 Fil	ing Fee for Articles of Organization and Designation of Registered Agent rtified Copy (Optional)
	rtificate of Status (Optional)