LZ1000 218100

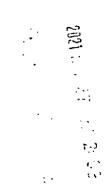
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |





300367182423

2821 HAY 27 PH 3: 03





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

| Date: May 26, 2021 | Account#: I20000000088 |
|---|---|
| Name: ERIC HOOD | |
| Reference #:1380859 | |
| Entity Name: PA Riverhaus, LLC | <u> </u> |
| ✓ Articles of Incorporation/Authorization to Transact Busin | ness |
| ☐ Amendment | 2021 HAY 27 PH 3: 03 |
| Change of Agent | 27 ASSE |
| Reinstatement | PH 3: |
| Conversion | · 100 |
| Merger Merger | · |
| ☐ Dissolution/Withdrawal | |
| Fictitous Name | |
| ✓ Other CERTIFIED COPY | |
| | |
| | |
| Authorized Amount: \$155.00 | |
| Signature: | |

•1.212.94*7.7*200

+B52.3975.1803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | þ | A Riverhaus, LLC | | |
|---|---|---|--|----------------------|
| (Must | contain the words "Limited | Liability Company, | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and str | reet address of the principal | office of the Limited | Liability Company is: | |
| <u> Pri</u> | incipal Office Address: | | Mailing Address: | |
| 777 Brickell A | Avenue | 777 | Brickell Avenue | |
| Suite 1200 | | | e 1200 | |
| <u>Miami, FL 33</u> | 131 | <u></u> <u>Mia</u> | mi, FL 33131 | <u>-</u> |
| The Limited Liability Commother business entity wit | npany cannot serve as its ow h an active Florida registrati | n Registered Agent. (ion.) | it's Signature: You must designate an individual (| NAH 1202 |
| (The Limited Liability Com another business entity wit | ipany cannot serve as its ow | n Registered Agent.' ion.) ed agent are: | ou must designate an individual o | 2021 KAY 27 |
| (The Limited Liability Com another business entity wit | npany cannot serve as its ow h an active Florida registrati | n Registered Agent. (ion.) | ou must designate an individual o | |
| (The Limited Liability Com another business entity wit | npany cannot serve as its ow h an active Florida registrati treet address of the registere | n Registered Agent. ion.) ed agent are: JMGS 1 Capital, | You must designate an individual of | |
| (The Limited Liability Com another business entity wit | npany cannot serve as its ow h an active Florida registrati treet address of the registere 77 | n Registered Agent. ion.) ed agent are: JMGS 1 Capital, Name | You must designate an individual of LLC 2, Suite 1200 | 2021 HAY 27 PM 3: US |
| (The Limited Liability Com another business entity wit | npany cannot serve as its ow h an active Florida registrati treet address of the registere 77 | n Registered Agent. ion.) ed agent are: JMGS 1 Capital, Name 7 Brickell Avenue | You must designate an individual of LLC 2, Suite 1200 | |
| (The Limited Liability Com another business entity wit | npany cannot serve as its ow h an active Florida registrati treet address of the registere 77 Florida street addre | n Registered Agent. ed agent are: JMGS 1 Capital, Name 7 Brickell Avenue 55 (P.O. Box <u>NOT</u> a | LLC 2, Suite 1200 cceptable) | |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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 ZZZ Brickell Avenue, Suite 1200 Miami, FL 33131 |
| | THE TAX TO SEE THE TA |
| | THAY 27 PH 3: 03 |
| (Use attachment it | |
| (If an effective date is listed the date of filing.) <u>Note:</u> If the date inserted i | this block does not meet the applicable statutory filing requirements, this date will not be listed as te on the Department of State's records. |
| ARTICLE VI: Other provis | ons, if any. |
| <u>REOUIRED</u> SIG | NATURE: |
| I a | Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, in aware that any false information submitted in a document to the Department of State institutes 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)