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

Account#: I20000000088 Date: September 24, 2021 **ERIC HOOD** Name:\_\_\_\_ Reference #:\_\_\_\_\_\_1479993 Entity Name: PW Shelter Island, LLC ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name ✓ Other CERTIFIED COPY Authorized Amount: \_\_\_ \$155.00 Tic Hood

Signature:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

71.50

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SECRETALL OF STATE
TALLAHASSEE, FL

## ARTICLE I - Name:

The name of the Limited Liability Company is:

# PW Shelter Island, 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, FL 33131	Miami, FL 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:

MGS 1 Capital, LI	.C
Name	
rickell Avenue, S	uite 1200
s (P.O. Box <u>NOT</u> acc	eptable)
Florida	33131
	Name Brickell Avenue, S 5 (P.O. Box <u>NOT</u> acc

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..

1 /rank =	Grandin
Registered Agen	t's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

Title:	Same and Address:
MGR	PW Equity Ventures II, LLC  777 Brickell Avenue, Suite 1200  Miami, FL 33131
	SECRETATION OF STATE FLUT STATE F
(Use attachme	nt if necessary)
(If an effective date is little date of filing.)  Note: If the date insert	date, if other than the date of filing:
REQUIRED	SIGNATURE:
	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: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)