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2021 OCT 19 PM 12:31

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : UNITED AGENT SERVICES LLC  
Account Number : I20210000087  
Phone : (866)246-2669  
Fax Number : (520)333-2793

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* M. MOON  
OCT 19 2021

Email Address: filings@unitedagentservices.com

FLORIDA LIMITED LIABILITY CO.  
PFDS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

H21000389115 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PFDS 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:

4131 Laguna Street Unit 509  
Coral Gables FL 33146

Mailing Address:

4131 Laguna Street Unit 509  
Coral Gables FL 33146

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

David Storch

Name

4131 Laguna Street, Unit 509

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables

FL

33146

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..*

David Storch

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 OCT 19 PM 12:31

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member


"MGR" = Manager

**Name and Address:**AMBRDavid Storch  
4131 Laguna Street, Unit 509  
Coral Gables, FL 33146AMBRPhillip Fitzpatrick  
12 St. Lawrence Place  
Jericho, NY 11753

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.  
  
**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.Shayne Trinidad

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)

2021 OCT 19 PM 12:31