Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6391

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

1 DEC 27 AM 9: 45

## FLORIDA LIMITED LIABILITY CO. PCG Partners LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 DEC 27 PM 2: 39

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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PCG Partners 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:	Maning Address:
2233 Nostrand Ave 3rd Fl	2233 Nostrand Ave 3rd Fl
Brooklyn NY 11210	Brooklyn NY 11210

## 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:

	מרואל	
5011 South State Re	nad 7, Suite 106	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL	33314

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 I is 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 Clipto 605, ES

Registered Agent's Signature (REQUEET)

(CONTINUED)

Page: 3 of 6

as

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	David Fleishmann 2233 Nostrand Ave 3rd Fl Brooklyn NY 11210
(Use attachment if necessary)	
n effective date is listed, the date must be s late of filing.)	te of filing
TCLEVI: Other provisions, if any,	

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.

Taylor Lolya Typed or printed name of signe

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)

