

L22000038192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
OFFICE OF CORPORATIONS

2/3/22



Department of State
Division of Corporations
Date: 02/03//22

American Expediting (Stealth Courier)
1531 Commonwealth Business Dr.
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RECEIVED

2022 FEB -3 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stealth Courier Box

Company: 7505 Adventure Ave LLC
Requester: Greenspoon Marder
Order: 13738051



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2022

STEALTH COURIER

SUBJECT: 7505 ADVENTURE AVE LLC
Ref. Number: W22000010439

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for 7505 ADVENTURE AVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00002528

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 FEB -3 PM 1:30

ARTICLE I - Name:

The name of the Limited Liability Company is:

7505 Adventure Avenue 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:

7505 Adventure Ave
Miami Beach, FL 33141

Mailing Address:

7315 Allen Dr.
Hollywood, FL 33024

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:

John A. Navarro, P.A.

Name

7315 Allen Dr.

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

Hollywood

City

FL

State

33024

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

PMI Management Group LLC
8 the Green, Suite A
Dover, Delaware, 19901

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DEPARTMENT OF REVENUE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 29 2022 (OPTIONAL)

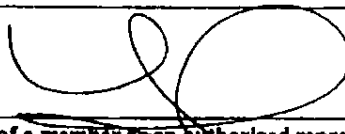
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Any and all lawful business

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.

Lindsay Miller

Typed or printed name of signer

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)