Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H220000604073ABCV

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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

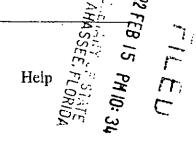
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FLORIDA LIMITED LIABILITY CO.

P5D, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu



ARTICLESO	FORGANIZATION FO	OR FLORIDA LIMI	TED LIABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liabili	y Company is:			
P5D, LLC				
(Must cont	ain the words "Limite	d Liability Comp	any, "L.L.C.," or "LLC.")	-
ARTICLE II - Address:			•	
The mailing address and street ac	idress of the principa	office of the Lim	ited Liability Company is:	
			company is.	
<u>Principa</u>	al Office Address:		Mailing Address:	
8838 W FLAGLER S			3838 W FLAGLER ST	
APT 203			APT 203	-
MIAMI, FL 33174			MIAMI, FL 33174	_
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ov ctive Florida registrat	n Registered Age ion.)	agent's Signature: nt. You must designate an individual or	
		-		
	KATHERINE SANC		IGO	
		Name		
	8838 W FLAGLER	ST. APT 203		
	Florida street addre	ess (P.O. Box <u>NO</u>	T acceptable)	
	MIAMI	FL	33174	
	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..

(CONTINUED)

......

"AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
MGR		KATHERINE SANCHEZ MARDOMINGO
		8838 W FLAGLER ST. APT 203
		MIAMI, FL 33174
MGR		NIANI O DISTRICTORIO
more		JUAN C PIETRI PERNIA
		8838 W FLAGLER ST. APT 203
		MIAMI, FL 33174
······································		
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(Use attachment if neces	ssary)	
	• *	
EV: Effective date, if or	her than the date of fili	ng: <u>02/11/2022</u> (OPTIONAL)
ective date is listed, the of filing.)	date must be specific	and cannot be more than five business days prior to or 90 day
	block does not mass st	on annihashin statuta — Elin — — — — — — — — — — — — — — — —
ment's effective date on	the Denartment of Sto	ne applicable statutory filing requirements, this date will not be tee's records
b bildon to date on		io a recorda,
	f any.	
E VI: Other provisions, i		
LE VI: Other provisions, i D ALL LAWFUL BUSINE	SS	······································

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.

KATHERINE SANCHEZ MARDOMINGO

Typed or printed name of signee

