

L22000102479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

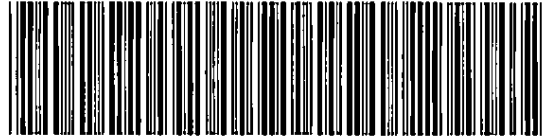
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600383279406

FILED

2022 MAR 11 PM 2:54



SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAR 11 PM 3:21

TALLAHASSEE, FL

SECRETARY OF STATE

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/11/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1016180

**ORDER ENTITY**

PAB MERGER LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**PAB MERGER LLC ( FL )**

Please file the attached articles and provide a certified copy.

**NOTES:**

\$155.00 Authorized

Email address for annual report reminders: ahallman@wyrick.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION  
OF  
PAB MERGER LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: PAB Merger LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1111 Kane Concourse, Suite 301  
Bay Harbor Islands, FL 33154

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Lindsay A. Rosenwald  
Name

1111 Kane Concourse, Suite 301  
Florida street address (P.O. Box **NOT** acceptable)

Bay Harbor Island FL 33154  
City, State, and Zip



SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAR 11 PM 2:54

FILED

*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 608, F.S.*

LINDSAY A. ROSENWALD

By: DocuSigned by:  
*Lindsay A. Rosenwald*  
0036A15E5162455...  
Registered Agent's Signature

#### Article IV

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

**Title:**

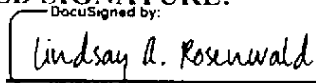
**Name and Address:**

Lindsay A. Rosenwald

1111 Kane Concourse, Suite 301  
Bay Harbor Islands, FL 33154

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_.

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
UB38ATSE3162435  
**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 A. Rosenwald  
Typed or printed name of signee