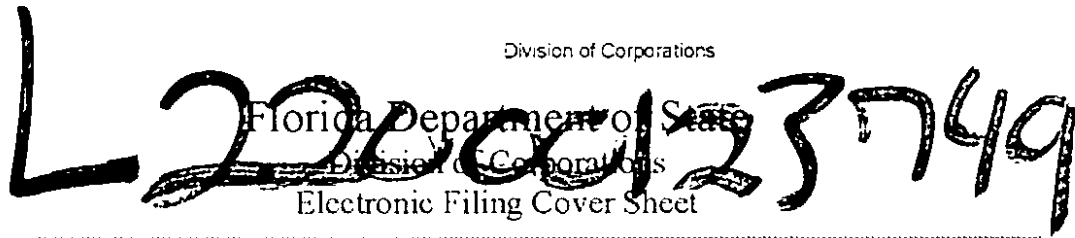


3/25/22, 1:45 PM

Division of Corporations



**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.

(((H22000111090 3)))



H220001110903ABCQ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : AKERMAN LLP - BOCA  
Account Number : I20100000049  
Phone : (561)368-2151  
Fax Number : (561)368-4668

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
PNP6S HOLDINGS FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED  
2022 MAR 25 PM 3:54  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

2022 MAR 25 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help D. O'KEEFE

MAR 28 2022

H22000111090 3

**ARTICLES OF ORGANIZATION  
OF**

**PNP6S HOLDINGS FLORIDA, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **PNP6S HOLDINGS FLORIDA, LLC.**

**ARTICLE II: - Address**

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

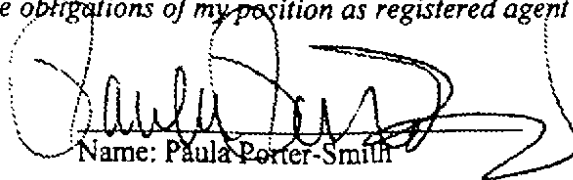
15001 Meadowlake Street  
Odessa, FL 33556

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

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

Paula Porter-Smith  
15001 Meadowlake Street  
Odessa, FL 33556

*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.*

  
Name: Paula Porter-Smith

2022 MAR 25 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

ARTICLE IV: - Management

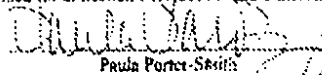
The name and address of each individual authorized to manage and control the limited liability company is as follows:

Title:	Name and Address:
MGR	Paula Porter-Smith 15001 Meadowlake Street Odessa, FL 33556
MGR	Ronald B. Smith Jr. 15001 Meadowlake Street Odessa, FL 33556

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 24, 2022.

  
Name: Paula Porter-Smith  
Title: Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

  
Paula Porter-Smith

H22000111090 3

4/2/2022

FILED  
2022 MAR 25 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA