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CAPITAL CONNECTION, INC.

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Pembroke Investment Members LLC	
	Art of Inc. File
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	L.C. File
	Fictitious Name File
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	Art. of Amend. File
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COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJEC	Pembroke Investment Mem	bers LLc			
	-	me of Lim	ited Liabil	ity Company	
The enc	losed Articles of Organization and	fec(s) are	submitted	for filing.	
Please re	eturn all correspondence concerni	ng this mat	ter to the f	ollowing:	
	Evelyn Hsu				
			Name of	Person	
			Firm/Co	mpany	
	12905 SW 42 Street, Suite 22	2			
			Addr	ess	
		Ci	ty/State an	d Zip Code	<u> </u>
	Miami, Fl 33175 F-mail address: (1	n he used (for future a	nnual report notificati	on)
For furthe	r information concerning this mat			······································	o.,,
	Evelyn Hsu	786 at (5	897-9340	
	Name of Person		ea Code	Daytime Telephon	e Number
Enclosed	d is a check for the following amo	unt:			
≣\$ 125.	00 Filing Fee □\$130.00 Fili Certificate of 9		Certific	5.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section			Street Address New Filing Section Di	vision
	Division of Corporation P.O. Box 6327	s		The Centre of Tallaha 2415 N. Monroe Street	issee

Tallahassee, FL 32303

Tallahassee, Fl. 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pembroke Investment Members LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12905 SW 42 Street, Suite 222	12905 SW 42 Street, Suite 222
Miami, Fl 33175	Miami, Fl 33175

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:

	Name	
12905 SW 42 Street	, Suite 222	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
	FI	33175
<u>Miami</u>	rı	2112

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..

Evelyn How dolloop verded 04/20/22 \$ 01 PM EDIT TRE-OTWO-DOET OLOT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	ei -
~	
AMBR	Evelyn Hsu 12905 SW 42 Street, Suite 222
	Miami, FI 33175
	
	-
(Use attachment if necessary) ICLE V: Effective date if other the	in the date of filing: 04/21/2022 (OPTIONAL)
TICLE V: Effective date, if other than effective date is listed, the date in late of filing.) E: If the date inserted in this block document's effective date on the Deficiency.	·
ICLE V: Effective date, if other than effective date is listed, the date in ate of filing.) If the date inserted in this block document's effective date on the Defective date on the Defective date.	does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.
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TCLE V: Effective date, if other than effective date is listed, the date in late of filing.) E: If the date inserted in this block document's effective date on the Defective d	does not meet the applicable statutory filing requirements, this date will not be list epartment of State's records.
ICLE V: Effective date, if other than effective date is listed, the date in ate of filing.) E: If the date inserted in this block document's effective date on the Defective da	does not meet the applicable statutory filing requirements, this date will not be list spartment of State's records. Evelyn Haw doctoop verified GAZOZZZ S OT PW EDI FABA-HAST BZAB FGBA re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.

as

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)