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	Division of Com				
	Fax Number	: (850)617-6381			
From:			:-	2022	
	Account Name	: INTERSTATE FILINGS LLC	Ξ'n	22	
	Account Number	: 120110000086	>-	<u>ے</u>	
	Phone	: (718)569-2703	<u> </u>	<u> </u>	
	Fax Number	: (718)504-7890	<u>[]</u>	—	
			RA	9	1
			<u>.</u>	7.30	٢
		s for this business entity to be used for fu	ture	Aн	
ann	ual report maili	ngs. Enter only one email address please.**		8	- (
			$\simeq 2$	<u></u>	
Ета	il Address:		Č	_	



FLORIDA LIMITED LIABILITY CO. PPG BIIT PROMOTE MEMBER LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$125.00		

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Corporate Filing Menu



ø	Page: 3 of 4	2022-07-19 :	20:01:26 GMT	17183041175		From:	Alexander Englard
	_	(((1	122000244995	3)))			
	ARTICLES OF	ORGANIZATION FOR	FLORIDALIMITED	LIABILITY COMPANY			
	ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
	PPG BHT PROMOT (Must end	E MEMBER LLC	d Liability Company	, "L.L.C.," or "LLC.")			
	ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	office of the Limited	Liability Company is:			
	Princip	al Office Address:		Mailing Address:			
	501 DIPLOMAT PA HALLANDALE BE			DIPLOMAT PARKWAY LANDALE BEACH FL 3300	9		
	ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	n Registered Agent.	et's Signature: You must designate an individu		2022 JUL 19	
	The name and the Florida street	address of the registere	d agent are:		535	61	
		OREN LIEBER, ES		· · · · · · · · · · · · · · · · · · ·	T, FLORD	AM	
			Name		0.5	ä	
	2800 BISCAYNE BLVD., SUITE 500 Florida street address (P.O. Box NOT acceptable)						
				-			;
		MIAMI City	FL State	<u>33137</u> Zip			

To:

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)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	PPG BHT MANAGER LLC 501 DIPLOMAT PARKWAY HALLANDALE BEACH FL 33009
(Use attachment if necessary)	A LARCIAR
The date of tump.	e applicable statutory filing requirements, this date will not be that as
ARTICLE VI: Other provisions, if any.	
REOUIRED SICNATURE:	

Signature of a member or an authorized representative of a member.¹ 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.

OREN LIEBER, ESQ.

Typed or printed name of signee

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