

L22 000334195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

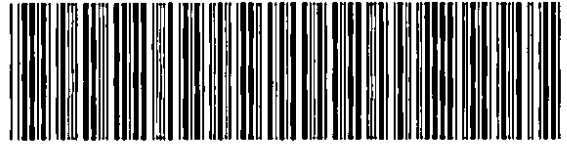
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800391746538

S. CHATHAM  
JUL 29 2022

07/28/22--01005--013 \*\*165.00

ALLAHASSEE, ALA

2022 JUL 28 PM 12:19

RECEIVED

22 JUL 28 AM 1:19

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 7/28 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING**

LLC

1. **PJH PTA, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

22 JUL 28 AM 1:19

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PJH PTA, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**11336 NW 14<sup>TH</sup> CT**

**PEMBROKE PINES, FL 33026**

**Mailing Address:**

**11336 NW 14<sup>TH</sup> CT**

**PEMBROKE PINES, FL 33026**

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

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

**PAMELA J. HENRY, PTA**

**11336 NW 14TH CT**

**PEMBROKE PINES, FL 33026**

*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.*

*/S/PAMELA J. HENRY, PTA*

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

22 JUL 26 AM 1:19

**ARTICLE IV- Members/Managers**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

**AMBR**

**PAMELA J. HENRY, PTA  
11336 NW 14<sup>TH</sup> COURT  
PEMBROKE PINES, FL 33026**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is July 28, 2022.

REQUIRED SIGNATURE:

*/S/PAMELA J HENRY, PTA*

\_\_\_\_\_  
**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.

PAMELA J. HENRY, PTA

\_\_\_\_\_  
Typed or printed name of signee

22 JUL 28 PM 1:19