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Account#: I20000000088

Date:	10/26/2022	
Name:	Greg Pintacuda	
Reference	#: <b>1815976</b>	<del></del>
		WOODSHIRE, LLC
		rization to Transact Business
Ame	endment	
Char	nge of Agent	
Rein	statement	
Con	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	tious Name	
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Account#: 120000000088

Date:	10/26/2022
Name:	Greg Pintacuda
Referenc	e #:1815976
	me:PW WOODSHIRE, LLC
<b>√</b> Ar	icles of Incorporation/Authorization to Transact Business
□ Ar	nendment
□ CI	ange of Agent
☐ R	instatement
☐ C	nversion
□М	erger
☐ Di	ssolution/Withdrawal
☐ Fi	titious Name
<b>V</b> O	nerAPON FILING PROVIDE CERTIFIED COPY
Authorize	d Amount:
Signatur	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	PW Woo	dshire, LLC		
(Must co	ntain the words "Limited	Liability Compa	y, "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limi	ed Liability Company is:	
Principal Office Address:			Mailing Address:	
777 Brickell Ave Miami, FL 3313			77 Brickell Avenue, Suite 1200 Iiami, FL 33131	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an The name and the Florida stree	ny cannot serve as its own n active Florida registration	i Registered Agei on.)	gent's Signature: it. You must designate an individual	22 CCT 26
	_	5 1 Capital, LL0		
	Name			6.3 :0/17
	777 Bricke	ll Avenue, Sui	te 1200	); ()
	Florida street address (P.O. Box NOT acceptable)		۵.	
	Miami	FL	33131	
	City	State	Zip	
place designated in this certificat wither agree to comply with the p	e, I hereby accept the app provisions of all statutes r	pointment as regis relating to the pro	the above stated limited liability comp tered agent and agree to act in this ca per and complete performance of my o nt as provided for in Chapter 605, F.S	pacity. 1 duties, and 1

(CONTINUED)

Title:	Name and Address:
MGR	PW Equity Ventures II, LLC
WICK	777 Brickell Avenue, Suite 1200
	Miami, FL 33131
	22
	200
	ū
(Use attachment if necessary)	
LEV: Effective date, if other than	the date of filing:
Tective date is listed, the date mu	ist be specific and cannot be more than five business days prior to or 90 da
of filing.) If the date inserted in this block do	oes not meet the applicable statutory filing requirements, this date will not be
ument's effective date on the Dep	
LE VI: Other provisions, if any.	
<del></del>	

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.

Gavin Beekman, Authorized Signatory

Typed or printed name of signee

## 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)