## L22000535014

(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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S. CHATHAM DEC 28 2022

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 291932, 7391412 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: December 27, 2022 ORDER TIME : 1:41 PM ORDER NO. : 291932-005 CUSTOMER NO: 7391412 DOMESTIC FILING NAME: PB HOLDINGS GROUP LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION

\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ARTICLES OF ORGANIZATION

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

CERTIFIED COPY
XX PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PB HOLDINGS G	ROUP LLC			
(Must co	natin the words "Limited Lis	ability Company.	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and street	address of the principal offi	ce of the Limited	Liability Company is:	
<u>Princi</u>	Principal Office Address:  EWELEN CIRCLE		Mailing Address: 366 LEWELEN CIRCLE	
3// 1 199751 531 01				
366 LEWELEN CE	KCLE	2000	1313 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ENGLEWOOD, N  RTICLE III - Registered A he Limited Liability Compar other business entity with ar	gent, Registered Office, & ny cannot serve as its own R n active Florida registration.	Registered Ager egistered Agent. '	GLEWOOD, NJ 07631	
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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## 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		
	MEMBER	ETHAN MCGOWAN	
	· · · · · · · · · · · · · · · · · · ·	366 LEWELEN CIRCLE	
		ENGLEWOOD, NJ 07631	
	MEMBER	JACOB MCGOWAN	
		366 LEWELEN CIRCLE	
		ENGLEWOOD, NJ 07631	<del></del>
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	(Use attachment if necessary)		
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RTIC	LE V: Effective date, if other than the	date of filing: <u>UPON FILING</u>	(OPTIONAL)
		e specific and cannot be more than five bu	siness days prior to or 90 days after
	of filing.)		
		not meet the applicable statutory filing requi	rements, this date will not be listed as
he doc	ument's effective date on the Departm	nent of State's records.	
DTIC	I Date Oderows Interest Com-		
KIIC	LE VI: Other provisions, if any.		
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	REQUIRED SIGNATURE:	DocuSigned by:	
	RECEIRED SKINATORE.	? Com for	
		1	
	Signature of s	member or an authorized representative	of a member.
		ecuted in accordance with section 605.0203	
			X-3 X-31

I his 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.

JENNIFER LANGAN, AUTHORIZED REPRESENTATIVE

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)