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January 24, 2023

CAPITAL CONNECTION, INC.

SUBJECT: P3 INVESTMENTS OF GAINESVILLE, A FLORIDA LIMITED

LIABILITY COMPANY

Ref. Number: W23000008214

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please include the titles of the person's authorized to manage the company.,

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 623A00001679

(')

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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P3 INVESTMETNS O	E GAINES	/ILLE LLC		
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				Art of Inc. File
				LTD Partnership File
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				Fictitious Name File
				Trade/Service Mark
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				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement_
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name_
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
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Requested by: SETH				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

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		g Section f Corporations				
SUBJECT	P3 lnv	estments of Gaines	ville, LL(C, a Florida	limited liability com	pany
		1	lame of I	imited Liab	ility Company	
The enclose	ed Article	es of Organization a	nd fee(s)	are submitte	d for filing.	
Please retu	n all corr	espondence concer	ning this	matter to the	following:	
	John F. I	Roscow, Attorney				
				Name o	f Person	
	Holden, l	Roscow & Caeding	ton, PL			
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	5608 NW	43red Street				
•			_	Addı	CSS	
•	Gainesvil	le, Florida 32653				
				City/State an	d Zip Code	
jo	hn@gnv-	law.com and rita@				
		E-mail address: (o be used	i for future a	nnual report notifica	tion)
For further inf	ormation	concerning this mat	ter, pleas	c call:		
Jo	hn F. Ro	scow		52	373-7788)	
	Na	ame of Person		rca Code	Daytime Telephor	ne Number
Enclosed is a	check for	the following amor	unt:			
□ \$ 125.00 Fi	ling Fee	□\$130.00 Filir Certificate of S		Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

P3 Investments of Gainesville, LLC, a Florida limited liability company (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Frincipal Office Address:	Mailing Address:
14407 NW 50th Place	14260 W. Newberry Rd, Suite 229
Alachua, FL 32615	Newberry, FL 32669
ARTICLE III - Registered Agent, Registered Office, & Regis	tered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	ed Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Richelle Pace		
	Name	
14407 NW 50th Place	c e	
Florida street addres	ss (P.O. Box NOT a	cceptable)
Alachua	FL	32615
City	State	Zip

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 samiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" "MGR" =	= Authorized Member Manager	Name and Address:	
<u>MG1</u>		Richelle Pace P.O. Box 357464	ξ,
MGI)	Gainesville, FL 32635	ES 171 03
		Eric Pace P.O. Box 357464	Ω,
		Gainesville, FL 32635	PH 4: 27
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	ment if necessary)		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agrar 5' 30.00 Certified Copy (Optional)

\$\int \text{ 5.00 Certificate of Status (Optional)}\$