

(F	Requestor's Name)
(/	Address)
(/	Address)
	City/State/Zip/Phone #)
(E	Business Entity Name)
([Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	Office Use Only

 \mathbb{H}











.

.

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

Account#: 12000000088

Date:_	04/26/2023	
Name:	Greg Pintacuda	-
Refere	nce #: 1973790	_
Entity I	Name: PA ALLORA I	NVESTMENTS, LLC
\checkmark	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
\checkmark	Other PLEASE PROVIDE	
Author	ized Amount: 5155	

Signature: ____

EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND 5 WALES, REGISTRY +80(7)2 6 LLOYDS AVE, UNIT 4CL LONDON EC319 3AX +44 (0)20.3961.3080

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

PA Allora Investments, LLC

(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:

Principal Office Address:	<u>Mailing Address</u> :
777 Brickell Avenue	777 Brickell Avenue
Suite 1200	Suite 1200
Miami, FL 33131	Miami, FL 33131

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JMC	GS 1 Capital, LL	С
	Name	
777 Brickel	Avenue, Suite	1200
Florida street address	(P.O. Box <u>NOT</u> a	icceptable)
Miami	FL	33131
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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Litte from Registered Agent's Signature (REQUIRED)

(CONTINUED)

3 APR 27 PH 9:28

ARTICLE IV-

•

.

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

Title:	Name and Address:	
MGR	P.A. Equity Investments, LLC 777 Brickell Avenue, Suite_1200 Miami, FL 33131	
(Use attachment if necessary)		
EV: Effective date, if other than th	e date of filing: (OPTIONA	

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REOUIRED SIGNATURE:

11	_		
	₹.,	-	7

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

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

