Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I2014000089 : (754)301-2128 Phone Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@ GFSTAXACCT. COM

FLORIDA LIMITED LIABILITY CO. P2B GROUP FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$125.00

2023-05-05 12:20:44 GMT

19542524650

From: Juliana dos santos

423000 1685683

		CO	VER LETT	ER	
	New Filing Sec Division of Co				
SUBJECT		UP FL LLC			
		Name of Li	mited Liabili	ty Company	
The enclos	sed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please ren	ım all correspo	ondence concerning this m	atter to the fo	ollowing:	
	JULIANA N	AACHADO			
			Name of	Person	
	GFS TAX &	ACCOUNTING SERVICE	CES		
			Firm/Cor	npany	
	11764 W SA	AMPLE RD STE 102			
			Addre	SS	
	CORAL SPE	RINGS FL 33065			
			ity/State and	Zip Code	
		'AXACCT.COM			
		E-mail address: (to be used		inual report notificati	ion)
For further i	nformation co.	neerning this matter, pleas	e call:		
	JULIANA M		54	301-2128	
	Nam	e of Person A	rea Code	Daytime Telephon	e Number
Enclosed is	s a check for th	he following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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

Street Address
New Filing Section Division
The Centre of Tallahassee

19542524650

From: Juliana dos santos

H230001685683

ARTICLES OF	ORGANIZATION FOR FI	ORIDA LIM	ITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability	Company is:				
P2B GROUP FL LLC					
(Must contain	n the words "Limited Li	ability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal off	ce of the Li	mited Liability Company is:		
Principa	Principal Office Address:		Mailing Address:		
222 YAMATO RD ST	E 106-198		222 YAMATO RD STE 106-198		
BOCA RATON FL 33	431		BOCA RATON FL 33431		
ARTICLE III - Registered Ager (The Limited Liability Company of another husiness entity with an ac	annot serve as its own R	egistered Ap	Agent's Signature: gent. You must designate an individual or		
The name and the Florida street ac	dress of the registered a	gent are:			
	GFS TAX & ACCOUNT	ITING SER	VICES		
	11764 W SAMPLE RD	STE 102			
	Florida street address (P.O. Box N	OT acceptable)		
	CORAL SPRINGS	FL_	33065		
	City	State	Zip		
lavina hava avaned as assistanted as	ant and to avant camias	0.600000000	- 1 1 1 1 1 1 1 1.		

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 heraby 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 603, F.S.

Registered Agent's Signature (REQUIRED

(CONTINUED)

4230001685683

MGR P2B GROUP LLC 222 YAMATO RD STE 105-198 BCCA RATON FL 33431 MGR CARLO BARBJERI 4800 N FEDERAL HWY STE 101-D BOCA RATON FL 33431 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) service date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filings) filings; (OPTIONAL) service date in this block does not meet the applicable statutory filing requirements, this date will not be ill ment's effective date on the Department of State's records. E VI: Other provisions, if any. REQUIRED SIGNATURE: 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 submited in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Marilens Pezzo Rossini Typed or printed name of signee Filing Fees: \$ 1.25.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	<u>Title:</u> "AMBR" ≃ Authorized Men	Name and Address:	
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