

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : LYONS & LYONS, P.A.  
 Account Number : I20030000061  
 Phone : (239)948-1823  
 Fax Number : (239)948-1826

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

Email Address: petejordan@rchcapital.com

05/10/2023  
 JF

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CORPORATIONS  
 COMMERCIAL  
 SERVICES

**FLORIDA LIMITED LIABILITY CO.  
 PT-Squared, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
OF  
PT-SQUARED, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is PT-Squared, LLC ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
4220 W. Beach Park Drive  
Tampa, Florida 33609

Mailing Address:  
4220 W. Beach Park Drive  
Tampa, Florida 33609

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Peter C. Jordan  
4220 W. Beach Park Drive  
Tampa, Florida 33609

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*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.*

DocuSigned by:  
*Peter C. Jordan*  
00EFC21E433403  
Peter C. Jordan

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#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Peter C. Jordan  
4220 W. Beach Park Drive  
Tampa, Florida 33609

MGR

Thomas A. Jordan  
4220 W. Beach Park Drive  
Tampa, Florida 33609

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#### REQUIRED SIGNATURE:

DocuSigned by:

*Peter C. Jordan*

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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.

Peter C. Jordan

Typed or printed name of signer