	(Requestor's Name)
	(Address)
	(Address)
	(
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Social Control of the Control of th
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



900411828009

(B)



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

Account#: I20000000088

Date:	07/13/2023	
Name:		_
	#:2064537	
	ne:PWE	NCANTO, LLC
✓ Arti	cles of Incorporation/Authorization	n to Transact Business
☐ Am	endment	
Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
Me:	rger	
Dis	solution/Withdrawal	
☐ Fict	titious Name	
✓ Oth	nerCERTIF	IED COPY UPON FILING
Authorized	d Amount: \$155.00	
Signature:	W. Jet	

+44 (0)20.3961.3080

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	PW Enca	nto LLC		
/Must com	ntain the words "Limited		v. "L.L.C" or "L.L.C.")	
	man are water training	macany compan	y iznam w iznam	
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limit	ed Liability Company is:	
Princi	Principal Office Address: 777 Brickell Avenue, Suite 1200 Miami, FL 33131		Mailing Address: 777 Brickell Avenue, Suite 1200 Miami, FL 33131	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with ar The name and the Florida street	y cannot serve as its own a active Florida registration and address of the registered	i Registered Ager on.) I agent are:	t. You must designate an individua	lor
		1 Capital, LLO		
	777 Bricke		e 1200	
		ll Avenue, Sui		
	777 Bricke Florida street addres Miami	ll Avenue, Sui		
	Florida street addres	ll Avenue, Sui	(acceptable)	
dace designated in this certifica arther agree to comply with the	Florida street addres Miami City d agent and to accept serve, I hereby accept the approvisions of all statutes I	Il Avenue, Suil is (P.O. Box NO) FL State ice of process for pointment as registered age	Tacceptable) 33131 Zip the above stated limited liability convered agent and agree to act in this correct and complete performance of my as provided for in Chapter 605, F	capacity. 1 duties, and
dace designated in this certifica arther agree to comply with the	Florida street addres Miami City d agent and to accept serve, I hereby accept the approvisions of all statutes robligations of my position	Il Avenue, Suil is (P.O. Box NO) FL State fice of process for pointment as regis relating to the pro- as registered age	Taeceptable) 33131 Zip the above stated limited liability convered agent and agree to act in this cover and complete performance of my at as provided for in Chapter 605. F	capacity. 1 duties, and
place designated in this certification for the formation of the following the followin	Florida street addres Miami City d agent and to accept serve, I hereby accept the approvisions of all statutes robligations of my position	Il Avenue, Suil is (P.O. Box NO) FL State fice of process for pointment as regis relating to the pro- as registered age	Tacceptable) 33131 Zip the above stated limited liability convered agent and agree to act in this correct and complete performance of my as provided for in Chapter 605, F	capacity. 1 duties, and

FILED

2023 JUL 13 AM 1: 06

SECRETARY OF STATE

ARTICLE	1V-		
****		1.1	

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

Title:	Name and Address:	
MGR	PW Equity Ventures II, LLC 777 Brickell Avenue, Suite 1200 Miami, FL 33131	
-		
(Use attachmu	ent if necessary)	
(If an effective date is it the date of filing.) Note: If the date inser	e date, if other than the date of tiling:	
ARTICLE VI: Other pi	rovisions, 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 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 SFC	, , ,

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)

SECRETARY OF STATE