

L23000378399
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000279826 3)))



H230002798263ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

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

Email Address: KD@CohenNorris.com

RECEIVED
2023 AUG 11 PM 4:36
SOLICITORS

**FLORIDA LIMITED LIABILITY CO.
PM 173, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
2023 AUG 11 PM 2:43
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 81F40FF5-9433-44B8-8197-95540BB7D3AF

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: PM 173, LLC**_____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID B. NORRIS. ESQ.

Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz & Cohen

Firm/Company

712 U.S. Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

KD@CohenNorris.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Drakas

561

844-3600

at ()

Name of Person_____
Area Code_____
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional 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 32303RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 11 PM 2:43

FILED

DocuSign Envelope ID: 81F40FF5-9433-44B8-8197-95540BB7D3AF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PM 173, 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:173 E. HAMPTON WAY
JUPITER, FL 33458**Mailing Address:**9632 ILEX CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410**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:

Cohen Norris Wolmer Ray Telepman Berkowitz & Cohen

Name

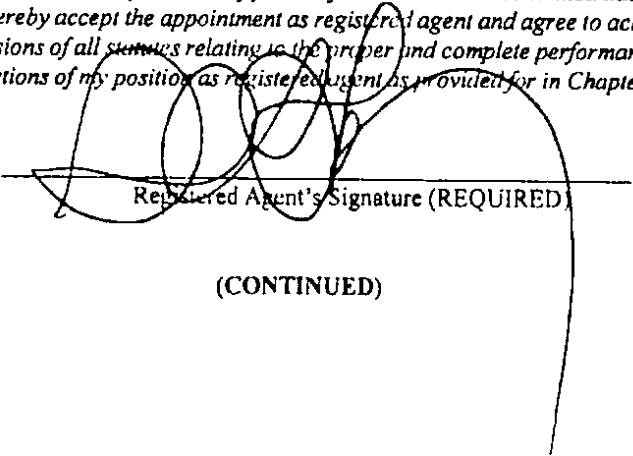
712 U.S. Highway One, Suite 400Florida street address (P.O. Box **NOT** acceptable)North Palm BeachFL33408

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 AUG 11 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 81F40FF5-9433-44B8-8197-95540BB7D3AF

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

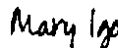
"MGR" = Manager

Name and Address:MGRPATRICK IGO9632 ILEX CIRCLE SOUTHPALM BEACH GARDENS, FL 33410MGRMARY IGO9632 ILEX CIRCLE SOUTHPALM BEACH GARDENS, FL 33410

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: 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.**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.

MARY IGO, MGR

Typed or printed name of signee

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)

FILED
2023 AUG 11 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA