

# L23000504890

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

From:  
Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

### PA Default Group, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 NOV -7 PM 4:17

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RECEIVED  
2023 NOV -7 PM 5:46

CORPORATIONS  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

## ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 NOV -7 PM 4: 17

PA Default Group, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

CLERK OF STATE  
TALLAHASSEE, FL

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:6409 Congress Avenue6409 Congress AvenueSuite 100Suite 100Boca Raton, FL 33487Boca Raton, FL 33487

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Vcorp Agent Services, Inc.

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)PlantationFlorida33324

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.*

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**AMBRDavid Schmeid6409 Congress Avenue, Suite 100Boca Raton, FL 33487MGRGarrett Bender6409 Congress Avenue, Suite 100Boca Raton, FL 33487AMBRMitchell Gevinson6409 Congress Avenue, Suite 100Boca Raton, FL 33487AMBRJohn Crane6409 Congress Avenue, Suite 100Boca Raton, FL 33487

(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:**Nicole Vasquez**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.

Nicole Vasquez

Typed or printed name of signer

**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)

**Brian Weprin – Member**  
6409 Congress Avenue, Suite 100  
Boca Raton FL 33487

**Richard Citron – Member**  
6409 Congress Avenue, Suite 100  
Boca Raton FL 33487

**Jonathan Meisels – Member**  
6409 Congress Avenue, Suite 100  
Boca Raton FL 33487