## L23000544776

	(Requestor's Name)
<del> </del>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del>-</del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filling Officer:

Office Use Only

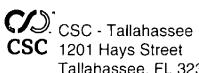


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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/08/23 Order #: 1329966-1 Re: PB/BH LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

xque de man

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:			
PB/BH LLC				
(Must con	atin the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limited	d Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
147 Dunbar Road		147	147 Dunbar Road	
Palm Beach, FL 33480		Pal	Palm Beach, FL 33480	
			· · · · · · · · · · · · · · · · · · ·	
another business entity with an The name and the Florida street	Ü	d agent are:		
	1201 Hays Street			
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized	Name and Address:
"MGR" = Manager	Helinoor
MGR	Christopher D. Pappas
	147 Dunbar Road Palm Beach, FL 33480
	Paint Beach, FL 53460
MGR	Susan G. Pappas
	147 Dunbar Road Palm Beach, FL 33480
	Faun Deach, 1 L 33400
(Use attachment if nece.	ssary)
AMMYON MAIL FOR A LA TO	ther than the date of filing: December 31, 2023 (OPTIONAL)
the date of filing.)  Note: If the date inserted in this	date must be specific and cannot be more than five business days prior to or 90 days after block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
ARTICLE VI: Other provisions,	if any.
REQUIRED SIGNAT	URE: / / / , // / _ )
	1 day to a
	ignature of a member or an authorized representative of a member.
	ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aw	vare that any false information submitted in a document to the Department of State
constitu	ites a third degree felony as provided for in s.817.155, F.S.
<u>.</u>	Christopher D. Pappas
As representative of sole member:	Typed or printed name of signee
Christopher D. Pappas, Trustee of tr	ne Christopher D. Pappas Revocable Trust u/a/d 9/16/2016, as amended and restated Filing Fees:
\$125.00 Filing Fee fo	or Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Co	ppy (Optional)
S 5.00 Certificate o	f Status (Optional)