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	Fax Number	: (850)617-6381	
From:			
	Account Name	: R&P ACCOUNTING AND TAXES INC	
	Account Number	: I20170000090	,
	Phone	: (305)358-1310	Ş
	Fax Number	: (305)503-6701	~
**Enter 1	the email address	s for this business entity to be used for future	[\
ann	ual report maili	ngs. Enter only one email address please.**	
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FLORIDA LIMITED LIABILITY CO. PROJECT PG001 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Division of Corporations

March 27, 2024

RAP ACCOUNTING AND TAXES

SUBJECT: PROJECT PG001 LLC

REF: W24000049207

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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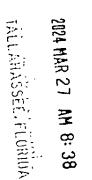
Neysa Culligan Regulatory Specialist III

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company:



PROJECT PG001 LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II

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

Principal and Mailing Address

6490 GRIFFIN RD #101 DAVIE, FL 33014

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:

R&P ACCOUNTING & TAXES, INC

Name

150 SE 2ND AVE SUITE 404
Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131 FL City, State, and 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)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s):

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

MGR

TFS DEVELOPMENTS LLC 16192 COASTAL HWY LEWES, DE 19958

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.)

March 27, 2024

REQUIRED: SIGNATURE

Signature of a member or an authorized representative of a member.

MARCELO LUCA ON BEHALF OF TFS DEVELOPMENTS LLC

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

THE MAIN OBJECTIVE OF THE COMPANY IS:

REAL ESTATE

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