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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	- #\
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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		· <u>-</u>
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consist Instructions to		· 1
Special Instructions to I	Filing Officer.	
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Office Use Only



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Pro Pals Advisors, LLC	2			
		nited Liability Com	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the princi	ipal office of the L	imited Liability Company is:	
<u>Principal</u>	Principal Office Address:		Mailing Address:	
321 Menores Ave			Menores Ave	
Miami, FL 33134			Miami, FL 33134	
another business entity with an act	rive Florida regis	tration.)	gent. You must designate an individual or	24 Air., 10
			••	f : မှ မှ
	321 Menores Av	ve ddress (P.O. Box 1	NOT acceptable)	τ.
	Miami	FL	33134	
	City	State	Zip	
place designated in this certificate, I further agree to comply with the pro	hereby accept the visions of all state gations of my pos	e appointment as re utes relating to the vition as registered	for the above stated limited liability comparegistered agent and agree to act in this capa proper and complete performance of my duagent as provided for in Chapter 605, F.S Signature (REQUIRED)	icity. 1
		(CONTIN	UED)	2024

ARTICLE IV-

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

Title: "AMBR" = Authorized	Memher	Name and A	MIT LAST		
"MGR" = Manager	1110111001				
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