From: Avi Weiss

5/11/24, 12:09 PM orida Department of State

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# FLORIDA LIMITED LIABILITY CO. **DELRAY EAST Q3185 LLC**

Certificate of Status	1
Certified Copy	U
Page Count	02
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Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### DELRAY EAST Q3185 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:

Mailing Address:

1911 SOUTH FEDERAL HWY	
DELRAY BEACH, FL 33483	

1911 SOUTH FEDERAL HWY DELRAY BEACH, FL 33483

# 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 (egistration.)

The name and the Florida street address of the registered agent are

PGD HOLDINGS LI	Ì.(.
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Mame

700 S ROSEMARY AVE STE 204-122

Florida street address (P.O. Box NOT acceptable)

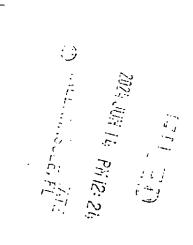
WEST PALM BEACH FL 33401
City State Zip

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. Thereby 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..

/S/ MICHAEL GUIFFRE, ASSISTANT SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MICHAEL GUIFFRE 8077 VALIFALLA DRIVE DELRAY BEACH, FL 33446
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	need filing. (OPTIONAL)  pecific and cannot be more than five husiness days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed at of State's records
ARTICLE VI: Other provisions, if any	
<u>REOUIRED</u> SIGNATURE:	
/S/ MIC	CHAEL GUIFFRE
This document is exce I am aware that any fal	nember or an authorized representative of a member, used in accordance with section 605.0203 (1) (b), Florida Statutes se information submitted in a document to the Department of State ee felony as provided for in \$.817,155, F.S.

MICHAEL GUIFFRE
Typed or printed name of signee

