

Florida Department of State

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

 Account Name : RICHARDS & PARTNERS, P.A.
 Account Number : I20110000091
 Phone : (305)858-9900
 Fax Number : (305)285-0015

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

 Email Address: edwaz@richards-law.com

 FLORIDA LIMITED LIABILITY CO.
 PWENTWEST LLC

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

24 AUG 21 AM 6:33

 FILED
 STATE
 DIVISIONS

 RECEIVED
 2024 AUG 21 PM 3:41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PWENTWEST 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:

88 SW 7TH STREET

UNIT 3303

MIAMI, FLORIDA 33130

Mailing Address:

88 SW 7TH STREET

UNIT 3303

MIAMI, FLORIDA 33130

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:

WORLD CORPORATE SERVICES, INC.

Name

2665 SOUTH BAYSHORE DRIVE SUITE 703

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

MIAMI

City

FLORIDA

State

33133

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 AUG 21 AM 4:33

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STATE
SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

ARTICLE IV:

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

Title:

"AMBK" = Authorized Member,

"MGR" = Manager,

Name and Address:

MGR

YANN ATTIE

88 SW 7TH STREET UNIT 3303

MIAMI, FLORIDA 33130

MGR

TESS ATTIE

600 NE 27TH STREET UNIT 2902

MIAMI, FLORIDA 33137

(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:

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.

YANN ATTIE

Typed or printed name of signee

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)

FILED
SECRETARY OF STATE
24 AUG 21 AM 4:34
VOTING DISTRICTS