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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PMG WORLDWIDE LLC

Account Number : I20220000200

Phone : (305)917-1070

Fax Number : (786)345-5905

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

Email Address: Legal @ propertymy com

FLORIDA LIMITED LIABILITY CO.

RPV Parcel E Developer, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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COVER LETTER

TO:	New Filing Se- Division of Co				
	RPV Parc	cel E Developer, LLC			
SUBJ	ECT:	Name of Lin	iited Lia	bility Company	
The en	iclosed Articles of	f Organization and fee(s) are	submit	ted for filing.	
Please	return all corresp	ondence concerning this ma	tter to th	e following:	
	Isabella Pa	ndilla			
	****		Name	of Person	
	Property M	arkets Group			
			Firm/	Company	· · · · · · · · · · · · · · · · · · ·
	398 NE 5th	Street, 13th Floor			^
		· · · · · · · · · · · · · · · · · · ·	Ad	Idress	
	Miami, FL	33132			(); (); ();
			ty/State	and Zip Code	င်္ဘ
	legal@prope				
	1	E-mail address: (to be used	for futur	e annual report notificati	ion) 0:
For furth	er information co	ncerning this matter, please	call:		35
	Lowell Ploth	xin 30	5	9171070	
	Nam		ea Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			
■\$ 125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	nssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
RPV Parcel E Developer, LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	e of the Limited Liability Company is: Mailing Address:
	
398 NE 5th Street, 13th Floor	398 NE 5th Street, 13th Floor
Miami, FL 33132	Młami, FL 33132
ARTICLE III - Registered Agent, Registered Office, & Foundation (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the registered ago	ent are:
Lowell Plotkin	
Ni Ni	ame

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..

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

Florida

State

33132

Zip

398 NE 5th Street, 13th Floor

City

Miami

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>		Name and Address:				
"AMBR" = Author						
"MGR" = Manage	Γ					
MGR, AMBR		PMG Altordable Holdings, LLC				
-		398 NE 5th Street, 13th Floor				
		Miami, Ft, 33132				
MGR, AMBR		Housing Authority of the City of Tampa, Florida				
		5301 W Cypress Street				
		Tampa, FL 33607				
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		\equiv				
(Use attachment if	necessary)	e of filing: 09/23/2024 (OPTIONAL)				
	-,	(-7)				
ARTICLE V: Effective date	, if other than the date	of filing: 08/23/2024 (OPTIONAL)				
(If an effective date is listed	, the date must be sp	ecific 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 r	neet the applicable statutory filing requirements, this date will not be li	sted as			
the document's effective dat	te on the Department	of State's records.				
ARTICLE VI: Other provisi	ons, if any.					
		·== • ····	_			
			_			
			_			
REQUIRED SIG	NATURE:					
	<i>*</i>	South Conklan				
		Daniel Coakley ember or an authorized representative of a member.				
	Signature of a me	ember 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.					
COI	isinuies a unitu degree	c retorry as provided for the s.o.t (1.100, 17.8).				
	Daniel Coakley					
		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)