

L24000406052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

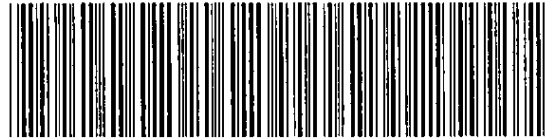
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100435438901

FILED

2024 SEP 20 AM 9:47

STATE  
TALLAHASSEE, FL

RECEIVED

2024 SEP 20 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (323) 5-7066 ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** JENA 9/20

CERTIFIED COPY

**XX** PHOTOCOPY

GS

**XX** FILING

LLC

1. PBG FAMILY MANAGEMENT, LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

**FILED**  
2024 SEP 20 AM 9:47  
TALLAHASSEE, FL  
STATE

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:

PBG FAMILY MANAGEMENT, LLC

**Article II**

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

7107 SW 148<sup>th</sup> Terrace  
Miami, FL 33158

The mailing address of the Limited Liability Company is:

7107 SW 148<sup>th</sup> Terrace  
Miami, FL 33158

The email address to receive notifications from the Florida Department of State is:

petergross357@aol.com

**Article III**

The name and Florida street address of the registered agent is:

Peter Gross  
7107 SW 148<sup>th</sup> Terrace  
Miami, FL 33158

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Peter Gross

FILED  
2024 SEP 20 AM 9:47  
CLERK OF STATE  
TALLAHASSEE, FL

## Article IV

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Peter Gross  
Title: Manager  
7107 SW 148<sup>th</sup> Terrace  
Miami, FL 33158

Signature of member or an authorized representative: /s/ Peter Gross

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2024 SEP 20 AM 9:47  
STATE  
DEPARTMENT OF  
HAWAII, FL

FILED