

L24000415844

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: ipadilla@propertymg.com

RECEIVED
2024 OCT -1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
Orlando Dev Partner, LLC

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

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Orlando Dev Partner, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabella Padilla
Name of Person

Property Markets Group
Firm/Company

398 NE 5th Street, 13th Floor
Address

Miami, FL
City/State and Zip Code

legal@propertymg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

305 917 1070
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orlando Dev Partner, 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:

398 NE 5th Street

13th Floor

Miami, FL 33132

Mailing Address:

398 NE 5th Street

13th Floor

Miami, FL 33132

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:

Lowell Plotkin

Name

398 NE 5th Street, 13th Floor

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

Miami

FL

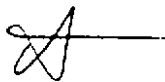
33132

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, 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

PMG Affordable Holdings, LLC

398 NE 5th street, 13th Floor

Miami, FL 33132

MBR

Banc of America Community Development Company LLC

214 N TRYON ST NC1-027-20-05

CHARLOTTE, NC 28255

MBR

The Oughness Group, LLC

2410 Glenwood Drive,

Atlanta, GA, 30305

(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:

Daniel Coakley

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.

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)