LUYUUU 445091

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sounds Entry Harrey				
(Document Number)	_			
(Bocument Number)				
Configuration				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				

Office Use Only



3004371285 23

10/22/24--01012--021 **125.00

2024 OCT 22 PH 12: 48
SECRETARY OF STATE

RECEIVED

COVER LETTER

то:	New Filing Section Division of Corporations	
	PG BRAND LLC	
SUBJI	Name of Limited Liability Company	
The en-	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	DAVID BAUER, ESQ.	
	Name of Person	202 ₄
	BAUER GUTIERREZ & BORBON PLLC) 02 4 CCT 22
	Firm/Company .	22
	Address	
	CORAL GABLES FL 33134	_
	City/State and Zip Code david@hgblawgroup.com	
	E-mail address: (to be used for future annual report notification)	
² or furth	r information concerning this matter, please call:	
	DAVID BAUER 305 340-5959	
	Name of Person Area Code Daytime Telephone Number	
Enclose	Lis a check for the following amount:	
≡ \$125	00 Filing Fee	
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:						
PG BRAND 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:					
2740 SW 142 AVE #5	27.10 SW 1.12 AVE #5					

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:

ARTICLE I - Name:

MICHAEL GONZALEZ				
	Name	_		
13911 SW 42 ST, S	TE 202			
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)		
MIAMI	FL	33175		
City	State	Zip		

MIAMI, FL 33175

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.

/s/ Michael Gonzalez

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: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	MICHAEL GONZALEZ 13911 SW 42 ST, STE 202 MIAMI, FL 33175
MGR	KATHERINE AGUILAR 13911 SW 42 ST, STE 202 MIAMI, FL 33175
	2024(
	~
	.»
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	1,7
(If an effective date is listed, the date must be s the date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ Mich	ael Gonzalez
This document is exec I am aware that any fal	number or an authorized representative of a member. Futted in accordance with section 605.0203 (1) (b). Florida Statutes, like information submitted in a document to the Department of State free felony as provided for in s.817.155, F.S.
Michael Gonza	lez
	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)
- S 5.00 Certificate of Status (Optional)