

	(Requestor's Name)
;	
	(Address)
**	
;	(Address)
;	
	(City/State/Zip/Phone #)
<u>†</u> -	
1	PICK-UP WAIT MAIL
7	
	(Business Entity Name)
	(Basinasa Emily Hama)
.,	
	(Document Number)
- : -	,
Certified	d Copies Certificates of Status
,	
·Specia	al Instructions to Filing Officer
) Specia	at instructions to rining officer
]-, -	
1,	
:	
-	
7	
1	
-3-	
<u> </u>	
	06 U O-L
į	Office Use Only
Ce.	



HASSEE, FL

RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/01/2024

NAME:

4324 W GRAY 3, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E 1 - Name:
The name	of the Limited Liability Company is:
•	
	4324 W Gray 3, LLC
	(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal C	Office Address:		Mailing Address:	
4324 W Gray St #3		PC) Box 172847	_
Tampa, FL 33609		Ta	mpa, FL 33672	_
			gent's Signature: nt. You must designate an individual of 🖓	2024 NOA
The name and the Florida street add	· ·	on.) d agent are:	LAHASSEE, F	- AH
The name and the Florida street add	lress of the registered	on.) d agent are: n, P.A.	LAHAS	
The name and the Florida street add	fress of the registered	on.) d agent are: n, P.A. Name	LAHASSEE, FL	- AH
The name and the Florida street add	The Presser Law Firn	on.) d agent are: n, P.A. Name	LAHASSEE, FL	- AH

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..

> Stefan Di Nunzio Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

ARTICLE IV-

MGR	PRI Ventures, LL.C 1521 Concord Pike Ste 201 Wilmington, DE 19803	<u>-</u>
	Trianing Co., OE 18000	_
		- - -26
	TALL	2024 NQV
	NS ER	<u> </u>
	E.F.	9
(Use attachment if necessary)	נידו	_
LEV: Effective date, if other than the d	ate of filing: (OPTIONAL)	

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

Stefan Di Nunzio

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.

Stefan Di Nunzio, Authorized Signer

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)