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то:	New Filing Sec Division of Co					
SUBJEC	CV (PMR	V) LLC				
		Name of Lin	iired Liabil	ity Company		
The enc	losed Articles of	Organization and fee(s) are	: submittee	for filing.		
dease ro	eturn all corresp	ondence concerning this ma	tter to the	following:		
	David Baue	r				.
			Name of	Person		IAI IAI
	Bauer Gutie	riez & Borbon, PLLC				
			Firm/Cc	mpany		TALLAHASSEE, FL
	814 Ponce I	De Leon Blyd Suite 210				
			Addi	ess		JE WE /
	Coral Gable	s, Florida 33134				
	david(@bgbla		ity/State ar	d Zip Code		
		E-mail address: (to be used	for future :	innual report notificati	ion)	
or furthe	r information co	meerning this matter, please	call:			
	305		0	5959)		
	Nan			Daytime Telephon		
Enclosed	d is a check for t	he following amount:				
■ \$125.	00 Filmg Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160,00 F Certificate o Certified Co (additional cop	f Status & py
		ng Address Tling Section		Street Address New Filing Section Di	ivision	
New Filing Section Division of Corporations P.O. Box 6327		on of Corporations		The Centre of Tallah; 2415 N. Montoe Stre	issee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ARTICLE 1 - Name:				
The name of the Limited Liabilit	y Company is:			
CV (PMRV) LLC				
(Must cont	nn the words "Limited	Liability Company, "	L.L.C." or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	ldress of the principal c	ffice of the Limited I	liability Company is:	
<u>Princip</u> :	ı l Office Address :		Mailing Address:	:
165 Norwich G.		814 P	once De Leon Blvd, Suite 2	210
West Palm Beach, FI	. 33417	Coral	Gables, Florida 33134	
				72, 72,
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a			t's Signature: ou must designate an individ	
	Bauer Guitierrez & I	Borbon, PLLC		9: 47 STATE E. FL
		Name		7
	814 Ponce De Leon I	Blvd., Suite 210		
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)	
	Coral Gables	Florida	33134	
	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. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther 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 603, F.S.

's/ David Bauer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Pedro Manuel Reyes Venega 814 Ponce De Leon Blyd, Suite 210
	Coral Gables, Florida 33134
	20
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	m.
(Use attachment if necessary)	
(4,200 11111111111111111111111111111111111	
	the date of filing: 11.7.2024 (OPTIONAL)
	it be specific and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date incorted in this block do.	es not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depa	· · · · · · · · · · · · · · · · · · ·
·	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ Pedro Manue	l Reves Venega
	of a member or an authorized representative of a member.
This document is	s executed in accordance with section 605,0203 (1) (b). Florida Statutes.
	ny false information submitted in a document to the Department of State
constitutes a time	Edegree felony as provided for in 8,817,155, F.S.

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Ist Pedro Manuel Reves Venega
Typed or printed name of signee

- \$ 30,00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)