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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I2004000031 Phone : (800)906-9220

Fax Number : (800)906-9880

\*\*Enter the email address for this business entity to be used for future/ annual report mailings. Enter only one email address please.\*\*

Email Address:

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 $\Box$ 

## FLORIDA LIMITED LIABILITY CO. P & L ADVENTURES, LLC

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02
\$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

P & L Adventures, LLC	
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
CLE II - Address: nailing address and street address of the principal office	of the Limited Liability Company is:
	e of the Limited Liability Company is:  Mailing Address:
nailing address and street address of the principal office	

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 in

(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:

PAUL MEYEROFF		
	Name	
2554 LUCILLE DR		
Florida street address	(P.O. Box NOT ac	cceptable)
Florida street address FORT LAUDERDAL		oceptable) 33316

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 t 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)

Page 1 of 2

2024 DEC 12 PH 2: 53

MGR" = Manager MBR  PAUL MEYEROFF  2554 LUCILLE DR  FORT LAUDERDALE FL 33316  LORIN MEYEROFF  2554 LUCILLE DR  FORT LAUDERDALE FL 33316  USe attachment if necessary)  V: Effective date, if other than the date of filing:  (ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.	<u>Tide:</u>	Name and Address:
AMBR  PAUL MEYEROFF  2554 LUCILLE DR FORT LAUDERDALE FL 33316  LORIN MEYEROFF  2554 LUCILLE DR FORT LAUDERDALE FL 33316  LORIN MEYEROFF  2554 LUCILLE DR FORT LAUDERDALE FL 33316  COPTIONAL)  White date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.  But date inserted in this block does not meet the applicable statutory filing requirements, this date will notent's effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED SIGNATURE  Signature of a member of an authorized representative of a member.  This docupent 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.  PAUL MEYEROFF  Typed or printed name of signee  Filing Fees:	AMBR" - Authorized Member	
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Page 2 of 2

SECRETARY OF STATE

<u>Title:</u>	Name and Address:
"AMBR" - Authorized Member	
"MGR" = Manager	DALU MEMEDACE
AMBR	PAUL MEYEROFF 2554 LUCILLE DR
	FORT LAUDERDALE FL 33316
AMBR	LORIN MEYEROFF
	2554 LUCILLE DR FORT LAUDERDALE FL 33316
	PORT ENODERDALE TO 33310
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Page 2 of 2

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE