(((H24000417610 3)))



H240004176103ABCZ

Note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. PH WALL LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2024 DEC 19 PH 3: 46

MICHIVE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

EFFECTIVE DATE 1/1/2025

The undersigned, for the purpose of forming a limited liability company under the Flori la Limited Liability Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.") PH WALL LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5250 NW 84th Ave Apt 502 Doral, FL 33166

ARTICLE III. Registered Agent, Registered Office: Liability

Company cannot serve as itsown Registered Agent. You must designate an individual or another business entity. with an active Florida registration.)

LUCAS LENCINA, 5250 NW 84th Ave Apt 502 Doral, FL 33166

ARTICLE IV-

The name and title (owner or manager) of each person authorized to manage and control the Limited Liability Company: PIERO HINCAPIE (AMBR), MIGUEL HINCAPIE (AMBR), JESUS HINCAPIE (AMBR), MAYRA REYNÁ (AMBR), LUCAS LENCINA (MANAGER)

ARTICLE IV-

<u>.</u>:

PURPOSES AND POWERS:

The general purpose for which the Company is organized is to transact any and all lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

Required Signatures:



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Lucas Lencina Typed or printed name of signee

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..

Lucas Lencina
Jucas Lercina (Dec 10, 2024 17:22 EST)

Registered Agent's Signature (REQUIRED)

IN WITNESS WHEREOF, I have executed these Articles of Organization on this <u>December 10,2024</u>

Lucas Lencina

inastering (Sec.15, 2019, 1977 LS.)

By:Lucas Lencina

Title:Manager

Page 2 of 2

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

- 1. The name of the Limited Liability Company is PH WALL LLC
- 2. The name and the Florida street address of the registered agent and office are: Lucas Lencina, 5250 NW 84th Ave Apt 502 Doral, FL 33166
- 3. 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 capacity as registered agent. I further agree to comply with the provisions of all statute 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, Florida Statutes.

Date: 12/10/2024

Registered Agent works Lencina Dec. 15, 2024 17:272 177 177 5