L25000339000 FL 7-30-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: $160.00
Authorization Signature

PFH Estero, LLC
__Business Name #Document

_X__ **Certified Copy of the Articles of Organization**
__X__**Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
_X__ LLC
____ Domestication
_ __ INC
__ CORP
___ LP

AMENDMENTS

____Amendment
____Resignation of MEMBER
____ Change of Registered Agent
____ Revocation of Dissolution
__ _ Conversion
__ _Statement of Authority
__ _Merger
___REVOCATION OF DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name

_____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
__ _Partnership
____Reinstatement
____ Statement of CORRECTION

___Domestication of a Foreign Corp.

_____ ____Other

EXAMINER'S INITIALS:_____

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_____ ____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: PFH Estero, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy Goldberg
Name of Person

Hargrove Firm LLP
Firm/Company

12910 Shelbyville Rd., Suite 124
Address

Louisville, Kentucky 40243
City/State and Zip Code

businesscare@hargrovefirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Goldberg at (85) 960-58038
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

■ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

PFH Estero, 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:**
22191 Red Laurel Lane	22191 Red Laurel Lane
Estero, FL 33928	Estero, FL 33928

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:

Joseph Paschitti
Name

22191 Red Laurel Lane
Florida street address (P.O. Box **NOT** acceptable)

Estero	FL	33928
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, 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..

Joseph Paschitti
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:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR/MGR	Joseph Paschitti 22191 Red Laurel Lane Estero, FL 33928
AMBR/MGR	Joyce Paschitti 22191 Red Laurel Lane Estero, FL 33928

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 25, 2025. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:
Joseph Paschitti

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.

Joseph Paschitti
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)