

L25000 339000

PK  
7-30-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

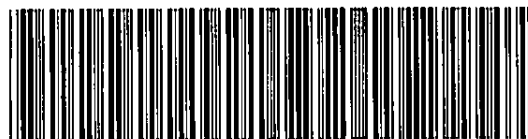
(Business Entity Name)

(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 *[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

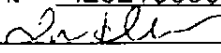
**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
Partnership  
Reinstatement  
Statement of CORRECTION  
Domestication of a Foreign Corp.  
Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                   |                                                                                                                                        |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

22191 Red Laurel Lane  
Estero, FL 33928

Mailing Address:

22191 Red Laurel Lane  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

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)**