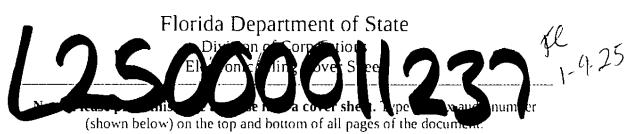
Division of Corporations



(((H250000093043)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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. P.F. Images LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

1/8/2025/11.13:20 PST To: 18506176381 Page: 2/3 Fax: 8134365206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

P.F. Images 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:
3833 Powerline Rd	3833 Powerline Rd
Suite 201	Suite 201
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309

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:

	Name	
7901 4th St N		STE 300
Florida street addres	ss (P.O. Box <u>N</u> 0	OT acceptable)
St. Petersburg	FL	33702
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

* 1/8/2025 11 13:20 PST To: 18506176381 Page: 3/3 Fax: 8134365206

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Conti, Emanuele Timothy	
	3833 Powerline Rd Suite 201	-
	Fort Lauderdale, FL 33309	-
		-
		-
		-
		-
		-
(Use attachment if necessary)	2	
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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)