

L 22000380619
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA LIMITED LIABILITY CO.
PYA GROUP LLC

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

2022 SEP - 1 PM 1:30

STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATE OF FLORIDA
DIVISION OF CORPORATIONS

2022 SEP - 1 AM 9:01

LD

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PYA GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

16824 SW 109 COURT
MIAMI FL 33157

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

PABLO A MARTINEZ

16824 SW 109 CT
MIAMI FL 33157

ARTICLE IV

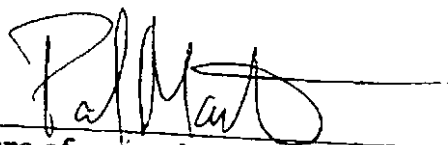
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

AMBR - PABLO A MARTINEZ

2022 SEP -11 AM 9:01
STATE OF FLORIDA
CORPORATE SERVICES DIVISION

LED

Required Signatures:



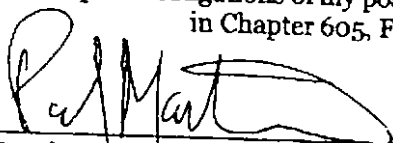
Signature of a member or an authorized representative of a member.

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.

PABLO A MARTINEZ

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..



Registered Agent's Signature (REQUIRED)

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DEPT OF STATE
TALLAHASSEE FL 32310
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