Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 517-5383

From:

Account Name : BUTZEL LONG

Account Number : 105147001567

Phone |

: (248)258-1616

Fax Number

: (248)258-1439

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

Email Address: murrayp@butzel.com

FLORIDA LIMITED LIABILITY CO.

922 Pine Tree, LLC

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\$130.00

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DEC 2 1 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of C								
SUBJECT: 922 P	INE TREE, LLO	3						
	(Nam	e of Limi	ted Liabilit	v Сотрап у)				
The enclosed Anticles	of Organization and	fec(s) are	submitted	for filing.				
Please return all corres	pondence concernin	ng this ma	tter to the f	ollowing:				
		Peggy	Murray					
			(Name of P	etrou)				
		Butzel	Long					
			(Firm/Com	pany)	•			
		Stone	ridge We	st, 41000 W	/oodwa	rd Avenue	17.1	2910
			(Addre	ж)			 	
		Bloom	rfield Hills	s, MI 48304			HAS	DEC 2
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For further information	concerning this ma	itter, pleas	se call:					32
Peggy	Murray		_{at (} 24	8) 258	3-2608		EC 11	رين ک
(Nam	e of Person)		(,	Area Code & Day	rime Tele	phone Number)		
Enclosed is a check i	for the following a	mount;						
\$125.00 Filing Fee	X\$130,00 Filing Certificate of		Certi	00 Filing Fee fied Copy onal copy is cucl		\$160.00 Filin Certificate of Certified Co (additional cop	f Status py	
	Mailing Address Registration Sections of Con P.O. Box 6327 Tallahassee FL	tion porations	F 1 0 2	itreet/Courter A legistration Section of Con- litton Building	ion porations Center Ci	irele		
			1	allahassee, FL	J2301			

ARTICLE I - Name: The name of the Limited Liability Company is: 922 PINE TREE, LLC (Main and with the lords "Limited Liability Company, "LLC," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 119 Evans Lane Manilapan, FL 33462 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signaturer: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another than the street address of the registered agent are: Robert B. Evans, Jr.

₩

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 608, F.S..

Florida street address (P.O. Box NOT acceptable)

FL 33462

Regulated Agent's Signature (REQUIRED)
Robert B. Evans. Jr.

Nazz

City, State, and Zip

119 Evans Lane

Manalapan, FL

(CONTINUED)
Yage 1 of 2

#32365-03/1212504

DEC 20 2010 13:29 FR BUTZEL Dec 19 10 10:438 ROBERT DE	LONG (BLMFLD)38 258 1439 TO 918506176383 P.04
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ARTICLE IV- Manager (s) The name and address of ca) of Managing Member(s): ch Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manag e r	Name and Address:
"MGRM" = Managing Men	nber
MGRM	Robert B. Evens Real Estate, LLC a Delaware limited liability company
	119 Evens Lane, Manelapan, Ft. 33462
·	
(Use attachment if necessary	
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL) to must be specific and cannot be more than five business days prior
to or 90 days after the date of filing	and the second and commence and a commence of the bridge
<u>required</u> signaturi	2010 SEC
	A E E
Signature	Table of an enthurized retirementative of a member.
(In secondal	nce with section 608 408(1). Florida Statutes, the opposition
that the f	ment constitutes an affirmation under the penalties of perjury cts stated berein are true.)
	Dert B. Evans, Jr., es Authorized Representative Typed or primed name of signer
Filing Fees:	
of Megistered Agenja	es of Organization and Designation
5 Jil.On Certified Copy (Opt 5 5.00 Certificate of Status	ional) (Optional)

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