Jul.23. 2015 Division of Corporations



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H150001794193)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : 120000000210 : (561)713-2095 Fax Number : (561)747-4113

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

Email Address: ejboulter@gmail.com

FLORIDA LIMITED LIABILITY CO.

9142 East Pines, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H15000179419 3)))

COVER LETTER

SUBJECT:	9142 East Pines, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclose	d Articles of Organization and fee(s) are submitted for filing.			
Please renun	all correspondence concerning this matter to the following:			
	Darren Leiser			
•	Name of Person	•		
	Jeck, Harris, Raynor & Jones, P.A.			
•	Firm/Company	•		
	790 Juno Ocean Walk, Suite 600			
•	Address	•		
	Juno Beach, FL 33408-1121			
r	City/State and Zip Code PLEISER@JHRJPA.COM	•		
	E-mail address: (to be used for future annual report notification)	•		,
For further in	formation concerning this matter, please call:	<u>_</u>		i i
	Kristen Hnasko 561 713-2084		****	
-	Name of Person Area Code Daytime Telephone Number	23		
Enclosed is	a check for the following amount:	AH IO:	M	
]\$ 125.00 Fil	ing Fee \$130.00 Filing Fee & \$160.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	5		
	•			

Mailing Address

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H15000179419 3)))

			'	(((******
ARTICLESO	FORGANIZATION FOR FLO	ORIDA LIN	UITED LIABILITY COMPANY	
ARTICLE 1 - Name:				
The name of the Limited Liabili	y Company is:			
9142 East Pines, LL	.			
(Must end	with the words "Limited Li	ability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal offic	ce of the L	imited Liability Company is:	
.			38 *** - 3 * * * * * * * * * *	
Princip	al Office Address;		Mailing Address:	
7 Seafield Lane			7 Seafield Lane	
Westhampton Beach	FL 11978		Westhampton Beach, FL 11978	
The name and the Florida street	address of the registered as	gent are:		
	George W. Benedict			
		vame		
	11113 Green Bay Berry	/ Drive		
	Florida street address (YOT acceptable)	
	Palm Beach Gardens	FL	33418	
	City	State	Zip	
Having haan named as registered	agent and to accept emples	ofpracer	for the above stated limited liability con	unamat th
			egistered agent and agree to act in this c	
further agree to comply with the p	rovisions of all statutes rela	ting to the	proper and complete performance of my	chilles, and
am familiar with and accept the o	bligations of my position as,	registered	agent as provided for in Chapter 605, F	.S .
	1/1/2	. 111	Sheride 1	
	1/1/10	10111	WHILION Of	
	Registere	d Agent's	Signature (REQUIRED)	

(CONTINUED)

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Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	George W. Benedict	
	7 Seafield Lane	_
	Westhampton Beach, FL 11978	-
		_
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		-
AND THE RESERVE THE PROPERTY OF THE PROPERTY O		_
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(Use attachment if necessary) E.V.: Effective date if other than the date of filling	r (OPTIÔNAL)	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)