

ALL FLORIDA LIMITED LIABILITY COMPANY  
**W5000R314**

Florida Department of State  
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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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.  
Account Number : 120000000210  
Phone : (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

15 JUL 23 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 23 AM 10:16

FILED

**FLORIDA LIMITED LIABILITY CO.**

**9142 East Pines, LLC**

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 9142 East Pines, 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:

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  
 \_\_\_\_\_  
 City/State and Zip Code

DLEISER@JHRJPA.COM  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hnasko                      561                      713-2084  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

15 JUL 23 AM 10:16  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

9142 East Pines, LLC

(Must end with 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:

7 Seafield Lane

Westhampton Beach, FL 11978

7 Seafield Lane

Westhampton Beach, FL 11978

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:

George W. Benedict

Name

11113 Green Bay Berry Drive

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

Palm Beach Gardens

FL

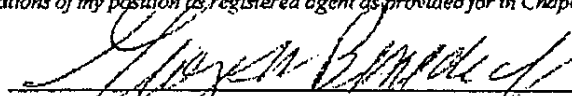
33418

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)

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