## L22-000096336

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 531681 7862494 AUTHORIZATION : COST LIMIT : \$1.25.00 ORDER DATE: March 7, 2022 ORDER TIME : 9:40 AM ORDER NO. : 531681-005 CUSTOMER NO: 7862494 DOMESTIC FILING PINEAPPLE GROVE DEVELOPMENT, NAME: LLCEFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP \_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

## COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Pincapple Grove Develor:	opment, LLC	
500000		Name of Limited Liability Company	
The enclo	sed Articles of Organization	and fee(s) are submitted for filling.	
Please ret	um all correspondence conce	rning this matter to the following:	
	Joseph M. Lodato		
		Name of Person	
	WP Holdings Group		
	-	Firm/Company	
	185 Plains Road, Suite 100	DE	
		Address	
	Milford, Connecticut 0646	51	
		City/State and Zip Code	
	jlodato@wpholdingsgroup	com (to be used for future annual report notification)	
For further	information concerning this	matter, please call:	
	Joseph M. Lodato	203 521-2565 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following a	mount:	
□\$125.0	0 Filing Fcc □\$130.00 Certificate	Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certified Copy Certificate of S Certified Copy (additional copy is	itatus &
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Division tions The Centre of Tallahassee	
	Division of Corpora P.O. Box 6327	2415 N. Monroe Street, Suite 810	
	Tallahassee FL 323	•	

## ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

					•	- L
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			3777	₹ -8	AH 10: 36
Pineapple Grove De			_			OF STATE
(Must conti	ain the words "Limited I	Liability Comp	pany, "L.L.C.," or "LLC.")			iote, FL
ARTICLE II - Address: The mailing address and street ad	idress of the principal of	ffice of the Li	mited Liability Company is:			
Princip:	ıl Office Address:		Mailing Addr	ess:		
764 Lake Trail			764 Lake Trail			
Delray Beach, Florida	33483		Delray Beach, Florida 33483			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered As	Agent's Signature: gent. You must designate an inc	dividual or		
The name and the Florida street a	address of the registered	agent are:				
	Corporation Service C	Company				
		Name				
	1201 Hays Street					
	Florida street address	(P.O. Box <u>N</u>	QT acceptable)			
	Tallahassee	Florida	3230i			
	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..

Assistant Vice President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	John T. Walsh
	764 Lake Trail Delray Beach, Florida 33483
	Deliav Deach, Piorida 33463
N/CV)	
<u>MGR</u>	Scott Penner 11 Pond View Terrace
	Branford, Connecticut 06405
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	***************************************
(If an effective date is listed, the date must be the date of filing.)	date of filing: March 7, 2022 (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 days after  not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2 m M
Signature of	member or an authorized representative of a member.
This document is ex	reculed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any	false information submitted in a document to the Department of State
constitutes a third d	egree felony as provided for in s.817.155, F.S.
Innert M. I	odato
Joseph M. I	Typed or printed name of signee
	i ) ped or printed name or signed

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)