Laa000427788

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(only-batterziph hone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Cartified Conies	Cartification of Chatus
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.





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S. CHATHAM OCT - 5 2022

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COVER LETTER

	cw Filing Sec vivision of Co					
SUBJECT		TH PINETREE,	LLC			
30001.01	•	Na	me of Lin	iited Liabil	ity Company	
The enclos	sed Articles of	Organization and	i fee(s) are	e submitted	for filing.	
Please retu	ırn ail correspo	ondence concerni	ng this ma	itter to the f	ollowing:	
	R. Bruce Wa	nren				
				Name of	Person	
	Whitehurst,	Blackburn & Wa	rren			
				Firm/Co	mpany	
	809 South B	road Street				
				Addr	ess	
	Thomasville	, GA 31792				
	sfreeman@wl	burk com	C	ity/State an	đ Zip Code	
			o be used	for future a	nnual report notificati	on)
For further i	nformation co	ncerning this ma	tter, please	call:		
	Samantha Fr	ceman	22 at (226-2161	
	Nam	ie of Person	A	rea Code	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amo	ount:			
□\$125.00) Filing Fee	□\$130.00 Fill Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ng Address Tiling Section			Street Address New Filing Section Di	
		on of Corporation lox 6327	18		The Centre of Tallaha 2415 N. Monroe Stree	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited Liabilit	y Company is:				
1388 North Pinetree,					
(Must conta	ain the words "Limited I	Liability Compar	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limit	ed Liability Company is:		
Princip:	al Office Address:		Mailing Address:		
277 Old Boston Road Thomasville, GA 317			77 Old Boston Road homasville, GA 31792		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Ager	gent's Signature: it. You must designate an individual	SECKETÁRY DIVISION OF CO 22 OCT -1,	
The name and the Florida street	address of the registered	l agent are:			
	Andrew L. Tuggle			F 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
		Name		က္ န္တိတ္ခ်	
	28233 River Run Roa	ad		53 3160 3160 3160	
Florida street address (P.O. Box NOT acceptable)					
	Branford	FL	32008		
	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)

ARTICLE IV-

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

"AMBR" = Autho "MGR" = Manag		
U		
MGR	RCA, LLC 277 Old Boston Road Thomasville, GA 31792	
		
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		JAE FAR DR OF C
		Y OF SI ORPORZ
		ATCHS ATE
(Use attachment i	f necessary)	.,,
ARTICLE V: Effective dat If an effective date is lister	te, if other than the date of filing:	ave afta
the date of filing.) <u>Note:</u> If the date inserted i	in this block does not meet the applicable statutory filing requirements, this date will not late on the Department of State's records.	
the date of filing.) Note: If the date inserted in the document's effective date.	ate on the Department of State's records.	
the date of filing.) <u>Note:</u> If the date inserted i	ate on the Department of State's records. sions, if any.	

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)