

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L00000000 2131

Dine Fidelity Trust LLC

500003147065--6

-02/25/00--01014--016

****125.00 ****125.00

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ☒ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☒ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

00 FEB 25 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

00 FEB 25 AM 9:01
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: LS 2/24/00 5:43

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

VB
2-25-00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY
OF
PINE FIDELITY TRUST, L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Article of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be: PINE FIDELITY TRUST, LLC ("Limited Liability Company")

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be:

2328 Tenth Avenue North, Suite 403
Lake Worth, Florida 33461-6606

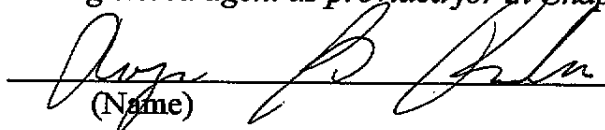
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and address of the registered agent and office is:

Roger Rukin
(Name)

2328 Tenth Avenue North, Suite 403
Lake Worth, Florida 33461 - 6606

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 certificated, 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.

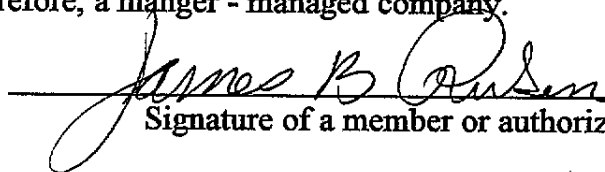

(Name)

February 14, 2000
(Date)

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ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability company is to managed by one manger or more managers and is, therefore, a manger - managed company.


Signature of a member or authorized representation of a member.

February 14, 2000
Date

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James B. Rukin Revocable Trust U/A/D 5/7/96

Typed name of signee

APPROVED
AND
FILED
00 FEB 25 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA