L0000000 2796

C T CORPORATION SYSTEM	-	.		
Requestor's Name 660 East Jefferson Stre	et			
Address Tallahassee, FL 32301	(850)222-1092			
City State Zip	Phone	50	000316 -03/13/00	-01094019
CORPORATI	ON(S) NAME		****125.00	
		-		
	Pine View, LLC			SE 00
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Name Availability 3-13	3/13	PLEASE	RETURN EXTRA (FILE STANDED THANKS 15	3 (S IZ ID
Updater Verifie			CONNIE BRYAN	07
Acknowledgment				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pine View, LLC

ARTICLE II - Address:

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

8889 Pelican Bay Blvd., Suite 403, Naples, FL 34108

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

The name and the Florida street address of the registered agent are:

Hamilton Managem	ent Services, Inc.		
	Name		
8889 Pelican Bay	Blvd., Suite 403		
Florida street address (P.O. Box NOT acceptable)			
Naples	FL 34108		
	City, State, and 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 608, F.S. HAMILTON MANAGEMENT SERVICES, INC.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and isomethic therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

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

Tara M. Anderson

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)