

LO2000008046

CT CORPORATION

CORPORATION(S) NAME

Pineapple Grove Village LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR -4 PM 4:10

FILED

RECEIVED

02 APR -4 PM 1:51

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name	Name
Availability	Availability
Document	Document
Examiner	DCC
Updater	DCC
Verifier	DCC
W.P. Verifier	DCC
Verifier	DCC
Acknowledgement	DCC

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

4/4/02

Order#: 5250736

KF

Ref#:

000005193050--1  
-04/04/02--01065--004

Amount: \$ \*\*\*\*\*125.00 \*\*\*\*\*125.00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name:

The name of the Limited Liability Company is:

Pineapple Grove Village LLC

## ARTICLE II – Address:

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

3399 PGA Blvd., Suite 450, Palm Beach Gardens, FL 33410

## ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

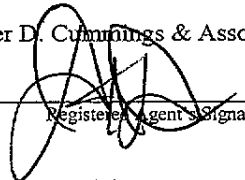
Peter D. Cummings & Associates, Inc.  
Name

3399 PGA Boulevard, Suite 450  
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens, FL 33410  
City, State, Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company and 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 608, F.S.*

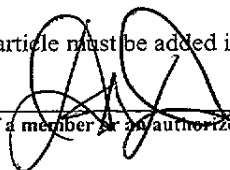
Peter D. Cummings & Associates, Inc.

  
\_\_\_\_\_  
Registered Agent's Signature

## Article IV – Management (Check box is applicable)

☒ The Limited Liability Company is to be managed by one manager or managers and is, 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 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID A. DEAN

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)

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