

L030000 19329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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05/29/03--01037--027 **125.00

FILED
03 MAY 29 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 MAY 29 AM 11:27
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BP



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 29, 2003

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: PINE RIDGE PROFESSIONAL PLAZA LLC
Ref. Number: W03000015237

FILED
03 MAY 29 PM 2:21
TALLAHASSEE, FLORIDA

We have received your document for PINE RIDGE PROFESSIONAL PLAZA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

C T CORPORATION SYSTEM must sign the acceptance statement in Item III.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 503A00033723

CL CORPORATION

May 29, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

03 MAY 29 PM 2:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5860869 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Pine Ridge Professional Plaza LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pine Ridge Professional Plaza LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
26090 Mandevilla Drive, Bonita Springs, Florida 34134

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

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

C T Corporation System

Name

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL 33324

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.

C T Corporation System

By: Cornie Bayan, Cornie Bayan, Special Asst. Secy

Registered Agent's Signature

(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.)

Matthew S. Schuckman, Esq.

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)

FILED
03 MAY 29 PM 2:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA