

# L03000025612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

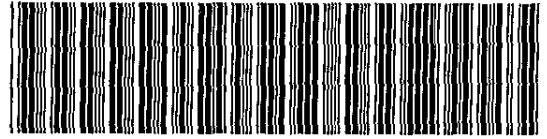
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CF 125  
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03 JUL 14 PM 3:23  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*Handwritten signature*

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03 JUL 14 AM 11:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference: \_\_\_\_\_  
(Sub Account)

Date: July 14, 2003

Requestor Name: Carlton Fields

Address: Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: ~~Kim Pullen, CLA (x281)~~ JOAN (x243)

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03 JUL 14 PM 3:23  
SEAL STATE  
TALLAHASSEE, FLORIDA

Corporation Name: Pinecrest Investors, LLC

Entity Number: \_\_\_\_\_

Authorization: J. Perrenat

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <u>Articles of Organization &amp; Designation</u><br>Certified Copy | <input type="checkbox"/> Certificate of Status |
| <input checked="" type="checkbox"/> <u>ART. of organization</u><br>New Filings                          | <input type="checkbox"/> Annual Report         |
| <input type="checkbox"/> Fictitious Name  | <input type="checkbox"/> Registration          |
| <input type="checkbox"/> Plain Stamped Copy   |  |
| <input type="checkbox"/> Amendments   |  |

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Call When Ready | <input checked="" 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 |

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Client: 33670 Matter: 69907

Name: Ullom Office: Tampa

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:  
(Sub Account)

Date:

July 14, 2003

Requestor Name:

Carlton Fields

Address:

Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone:

(850) 224-1585

Contact Name:

~~Kim Pullen, CLA (x261)~~ JOAN (x243)

FILED  
03 JUL 14 PM 3:23  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Corporation Name:

Pinecrest Investors, LLC

Entity Number:

Authorization:

J. Perrenot

Articles of Organization & Designation  
Certified Copy  Certificate of Status  
 Art. of organization  
New Filings  Plain Stamped Copy  Annual Report  
 Fictitious Name  Amendments  Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CF Internal Use Only

Client: 33670

Matter: 69907

Name: William

Office: Tampa

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pinecrest Investors, LLC  
(Name of Limited Liability Company)

FILED  
03 JUL 14 PM 3 23  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Cathy Crittenden  
(Name of Person)

Sirote & Permutt, P.C.  
(Firm/Company)

2311 Highland Avenue S  
(Address)

Birmingham, AL 35205  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Crittenden at ( 205 ) 930-5308  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pinecrest Investors, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

One Harbour Place  
777 South Harbour Island Boulevard  
Tampa, FL 33602-5730

**Mailing Address:**

P.O. Box 3239  
Tampa, FL 33601-3239

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STATE  
TALLAHASSEE FLORIDA

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

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

CFRA, LLC

Name

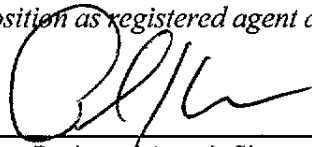
One Harbour Place, 777 South Harbour Island Boulevard Suite 500

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

Tampa FL 33602-5730

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..*



Registered Agent's Signature

Paul Ullom on behalf of CFRA, LLC

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Joshua Kennedy Lowder

64 Ashley Avenue

Charleston, SC 29401

MGRM

Emily Elizabeth Lowder

631 North Walnut Street, Apt. A

Bloomington, IN 47404

MGRM

Anna Catherine Lowder

3236 Bankhead Avenue

Montgomery, AL 36106

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TALLAHASSEE FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Anna Catherine Lowder, Member

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)