

W4000041409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

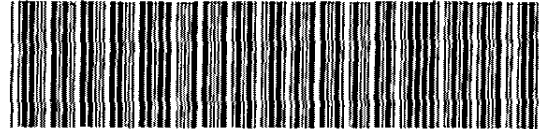
(Business Entity Name)

(Document Number)

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

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FILED  
MAY 27 2004  
FBI - MEMPHIS

W4-41409  
OK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pine Island Resource Associates, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Riordan  
(Name of Person)

Pine Island Resource Associates, LLC  
(Firm/Company)

2312 Sycamore St  
(Address)

St James City FL 33956  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Riordan at (239) 282 8622  
(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

OFFICE OF  
TALLAHASSEE, FLORIDA

DATE: 07 PM 1:11

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pine Island Resource Associates, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2312 Sycamore St  
St James City FL 33956

**Mailing Address:**

2312 Sycamore St  
St James City FL 33956

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

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

Barbara Riordan  
Name

2312 Sycamore St  
Florida street address (P.O. Box **NOT** acceptable)

St James City FL 33956  
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, Florida Statutes..*

Barbara Riordan  
Registered Agent's Signature

FILED  
7 FEB 19  
CLERK OF COURT  
JANUARY 19, 2019  
ST. JAMES CITY, FLORIDA

**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:**

MGR

Barbara Riordan  
2312 Sycamore St  
St James City FL 33956

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Barbara Riordan

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.)

BARBARA RIORDAN

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)

5-01-2017 09:11:10  
ALABAMA  
FLORIDA

20 MAY 27 PM 1:10

FILED