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| (Re | equestor's Name) | | | |
|---|------------------|-------------|--|--|
| (Ac | ldress) | | | |
| (Ac | ddress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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CRUTARY OF STATE
ON OF CORPORATIONS



TRANSMITTAL LETTER

| то: | Registration Section Division of Corporations | | | |
|---------|--|-----------|-----------------|----------------|
| SUBJE | CT: Pine Meadow Properties, LLC (Name of Limited Liability Company) | | | |
| The end | closed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please | return all correspondence concerning this matter to the following: | | | |
| | Obert L Biferie (Name of Person) | | 0 | *** ******* |
| | obert L. Biferie, CPA (Firm/Company) | | NA TINIT PU | ASIGN OF |
| | 1 North Pine Meadow Dr., Ste A (Address) | | PM 1:53 | Y OF STATE |
| | ebary, Fl 32713 (City/State and Zip Code) | | <u>့ယ</u> ပာ | Sign |
| For fur | ther information concerning this matter, please call: | | | |
| R | obert L Biferie at (386) 668-6809 (Name of Person) (Area Code & Daytime Tele | phone Num | ber) | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Pine Meadow Properties, LLC.

ARTICLE II - ADDRESS:

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

Principal Office Address:

Mailing Address:

301 North Pine Meadow Dr

301 North Pine Meadow Dr

Ste A

Ste A

Debary, Fl 32713

Debary, Fl 32713

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

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

Robert L Biferie

Name

301 North Pine Meadow Dr., Ste A

Florida Street address (P.O. Box Not acceptable)

Debary, Fl 32713

City, State, and Zip

SECRETARY OF STATE STATE OF CORPORATIONS

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

(CONTINUED)

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

<u>MGRM</u>

Brian Breedlove 330 E. Summit Ave San Antonio, TX 78212

MGRM

Caryn Breedlove 140 Grant Ave

San Antonio, TX 78209

MGRM

Robert L. Biferie

301 N Pine Meadow Dr. Ste A

Debary, Fl 32713

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.)

Robert L. Biferie
Typed or printed name of signee

Filling Fees:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent