

OCT-13-2004 13:08  
Division of Corporations

CT CORPORATION

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Florida Department of State  
Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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LIMITED LIABILITY COMPANY

Pinetree Lofts, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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J. BRYAN OCT 14 2004

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PINETREE LOFTS, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2265 N.E. 24TH STREET  
LIGHTHOUSE POINT, FL 33064**Mailing Address:**PO BOX 60028  
LIGHTHOUSE POINT, FL 33064**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JENNIFER COLSON

Name

2265 NE 24TH STREETFlorida street address (P.O. Box **NOT** acceptable)LIGHTHOUSE POINT FL 33064

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

(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**

**EDWARD COLSON**

PO BOX 50028

**LIGHTHOUSE POINT, FL 33084**

## HGRM

**MICHAEL SPIEGEL**

PO BOX 50028

**LIGHTHOUSE POINT, FL 33064**

(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.)

EDWARD M. GOLSON

1. Handwritten or printed name of signee

**Filling Facts:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**5 30.00 Certified Copy (Optional)**

8 5.00 Certificate of Status (Optional)