

L05000004473

JAMES GUERINO

(Requestor's Name)

2858 REMINGTON GREEN CIR

(Address)

(Address)

TALL FL 32308

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Pine Dove Estates LLC

(Business Entity Name)

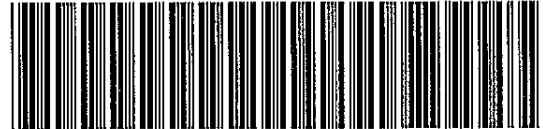
L05-4473

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600044496526

01/14/05--01032--008 **125.00

RECEIVED
05 JAN 14 PM 12:32
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
05 JAN 14 PM 12:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
501/14/05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pine Dove Estates, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2858 Remington Green Circle
Tallahassee, FL 32308

Mailing Address:

P. O. Box 15887
Tallahassee, FL 32317-15887

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

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

James R. Guerino

Name

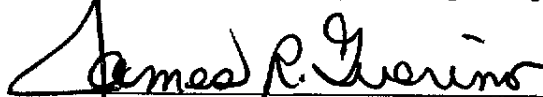
2858 Remington Green Circle

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

Tallahassee, FL 32308

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
James R. Guerino

(CONTINUED)

05 JUN 14 PM 12:37
FILED
SECRETARY OF STATE
TALLAHASSEE, 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:

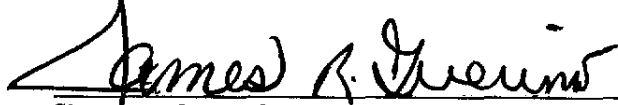
MGRM

R. Richard Yates, Jr.
P. O. Box 15887
Tallahassee, FL 32317-5887

(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.)

James R. Guerino

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
05 JAN 14 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA