

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : RICHARD G. COKER, JR., P.A.  
Account Number : I20010000145  
Phone : (954) 761-3636  
Fax Number : (954) 761-1818

## LIMITED LIABILITY COMPANY

Pearl Pines Holdings, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

Pearl Pines Holdings, LLC.

**ARTICLE II - Address**

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

2245 NW 142<sup>nd</sup> Way  
Pembroke Pines, FL 33028

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be:

Perpetual

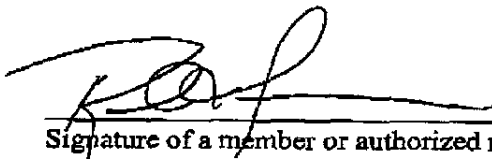
**ARTICLE IV - Management**

(Check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Scott M. Pearl



Signature of a member or authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Pearl Pines Holdings, LLC.

2. The name and address of the registered agent and office is:

Rod A. Feiner

(Name)

1404 South Andrews Avenue

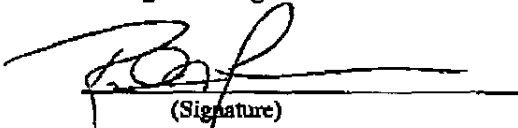
(P.O. Box or Mail Drop Box NOT acceptable)

Fort Lauderdale, FL 33316

(City/State/Zip)

05 SEP 22 AM 9:53  
TALLAHASSEE, FLORIDA

*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.*

  
(Signature)

9/22/05  
(Date)

**Filing Fee: \$35.00 for Designation of Registered Agent**

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