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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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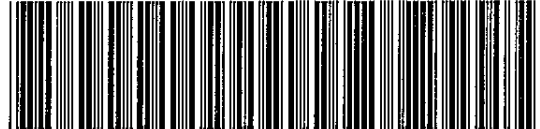
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FF \$125  
CC 30

**Eric C. Reinhardt, Esq.**

13340 W. Colonial Drive, Suite 220

Winter Garden, FL 34787

407-654-4336

407-654-2887 fax

December 13, 2005

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Articles of Organization – Pinevest, LLC

To Whom It May Concern:

Enclosed please find Articles of Organization for filing. Also enclosed is check in the amount of \$155.00 representing payment as follows:

Fee for filing Articles	\$100.00
Designation of Registered Agent	\$ 25.00
Certified copy of Articles	<u>\$ 30.00</u>
<b>TOTAL</b>	<b>\$155.00</b>

If you have any difficulties filing these Articles or need any additional information, please contact me at (407) 654-4336. Thank you in advance for your assistance.

Very truly yours,



Eric C. Reinhardt  
Attorney

ECR/ns  
Enclosure

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
PINEVEST, LLC**

The undersigned member, being a natural person competent to contract, subscribes to these Articles of Organization to form a limited liability company under the laws of the State of Florida.

**ARTICLE I**

**Name.** The name of this limited liability company is: **PINEVEST, LLC.**

**ARTICLE II**

**Mailing and Street Address.** The mailing and street address of the principal office of the limited liability company is: 10223 Pointview Court, Orlando, FL 32836.

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**ARTICLE III**

**Purpose.** The purpose for which this limited liability company is organized is for any and all lawful business.

**ARTICLE IV**

**Initial Registered Office and Agent.** The street address of the initial registered office of this limited liability company is: 10223 Pointview Court, Orlando, FL 32836 and the name of the initial registered agent of the limited liability company at that address is Bennet L. Myerson.

**ARTICLE V**

**Manager Members.** The names and addresses of the managing members of this limited liability company are:

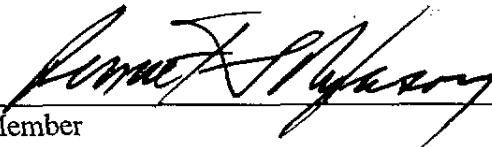
Bennet L. & Lisa L. Myerson  
10223 Pointview Court  
Orlando, FL 32836

Craig & Lori R. Wolfe  
M-215 Edgewood Lane  
Marshfield, WI 54449

**ARTICLE VI**

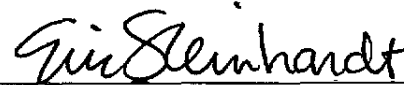
**Effective Date.** The effective date for this limited liability company shall be the date these Articles are filed with the Florida Secretary of State.

IN WITNESS WHEREOF, the undersigned member does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 6 day of December, 2005.

  
Member

STATE OF FLORIDA  
COUNTY OF ORANGE

Before me personally appeared Bennet L. Myerson, to me well known and known to me to be the member described in and who executed the foregoing Articles of Organization and acknowledged before me that he executed the same for the purposes therein expressed.

  
Name:  
Notary Public, State of Florida



Eric C. Reinhardt  
My Commission DD211909  
Expires June 15, 2007

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE DESIGNATING REGISTERED AGENT FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE**

Pursuant to the Florida Limited Liability Company Act, the following is submitted, in compliance with said Act:

PINEVEST, LLC desiring to organize as a limited liability company under the laws of the State of Florida with its registered office at 10223 Pointview Court, Orlando, FL 32836, has named Bennet L. Myerson located at the above registered office as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

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 this 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.

By: \_\_\_\_\_

Registered Agent

Date: December 6, 2005

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OFFICE OF STATE  
TREASURER  
TALLAHASSEE, FLORIDA

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