Apr 03 06 05:07p Division of Corporations

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000088336 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 : (305)444-4994

Fax Number : (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PINE FORREST, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

4/3/2006

ARTICLE I - Name:

((((1106000088336)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Court and With the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LY	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	_
Mami Shores	existered agent are: OFO, PA. ORIVE 5.76 8 Fees (P.O. Box NOT acceptable) FL 33138	SECRETARIO STATE AN SIGNATURE SECRETARIO SE
City, State, a	nri vib	

Having been named as registered agent and to accept service of process for the above stated corporation 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 the 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/Registered agent

(CONTINUED) Page 1 of 2 (((H06000088336)))

ARTICLE IV-Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Manzging Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MERM	First loap Solution	7e g 3.138
MERM	Carmen leaghete 3165 Park Skive 57 Thami shotes, F1 33	~ 8 131
MERM	Paul Edvy 3155 Park Drive Warni Shorei, F133	crep 138
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (U an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPI e specific and cannot be more than five busine	TIONAL) ess days prior
reoured signature:	by Common	OF APR - SECRULA TALLAHA
Signature of a member	or an sutborized representative of a member.	SSE T I
(In secondance with sec of this document const that the facts stated b	tion 608,408(3), Florida Statutes, the execution titutes an affirmation under the pensities of penjury terms are true.)	AM 9: 08 YOF STATE SEE, FLORIE
Tv	ped or printed name of signce	- > m -

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

Page 2 of 3

YANET

(((H06000088336)))

ATTACHMENT

LEVITIC SAINT-VIL 9165 PARK DRIVE STE: 8 MGRM

MIAMI SHORES, FL 33138

NAVI RICHARD

MGRM

9165 PARK DRIVE STE: 8 MIAMI SHORES, FL 33138

ELAIDE RICHARD

MGRM

9165 PARK DRIVE STE: 8

MIAMI SHORES, FL 33138

ORTNELL A. BROWN

MGRM

9165 PARK DRIVE STE: 8 MIAMI SHORES, FL 33138