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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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TO:

Registration Section

Division of Cor	porations		
SUBJECT: The Pine	eapple Purse, L.L.C.		
Soldieci.		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
Hollisan H Pe	ery		
	(Name of Person)	
The Pineappl	e Purse, L.L.C		
		(Firm/Company)	
1530 Rivertra	ace Drive		
		(Address)	
Orange Park,	FL 32003		700k SEC
	(City	//State and Zip Code)	SEP SEP
For further information of	concerning this matter, please	call:	SEP 29 PARETARY OF AHASSEE, FU
Hollisan H Peery (H	Holly)	at (904) 449-8130	
(Name	of Person)	at ()	elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Taliahassee, FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
The Pineapple Purse, L.L.C			
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1530 Rivertrace Drive	1530 Rivertrace Drive		
Orange Park, FL 32003	Orange Park, FL 32003		
business entity with an active Florida registration.) The name and the Florida street address of the re Hollisan H Peery Name 1530 Rivertrace Drive	egistered agent are: SECRETARY OF STANASSEE, FLOR		
Florida street add	ress (P.O. Box NOT acceptation &		
Orange Park	FL 32003		
City, State, a	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (RECOIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Hollisan H Peery
	1530 Rivertrace Drive
	Orange Park, FL 32003
	
	TALE CONTRACTOR
	SE AN
	SEE SEE
	<u> </u>
(Use attachment if necessary)	i 28
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing: October 1, 2006 (OPTION nust be specific and cannot be more than five business date
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)