

L0600015855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

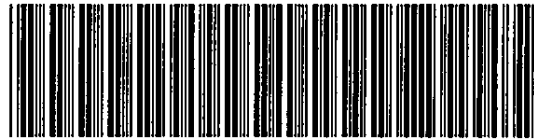
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TALLAHASSEE, FLORIDA



COHEN GARELICK & GLAZIER

A Professional Corporation of Attorneys at Law

November 27, 2006

VIA CERTIFIED MAIL

Charles A. Cohen
Robert A. Garelick**
Steven J. Glazier**
Steven M. Crell
Edward F. Schrager**
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Sandra L. Rothbaum
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Heather Wysong Zaiger
Joshua T. Robertson

* Registered Family Law Mediator
** Registered Family Law & Civil Mediator
~ Certified Indiana Family Law Specialist
† Registered Patent Attorney
‡ Master of Laws in Taxation

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Shadow Pine Investment, LLC

Dear Sir/Madam:

Enclosed please find one original and one copy of the Articles of Organization for Florida Limited Liability Company for Shadow Pine Investment, LLC, along with our firm's check in the amount of \$130.00 for the filing fee. Also, enclosed please find a self-addressed stamped envelope for your convenience in returning a file marked copy to me.

Thank you for your attention to matter. Please do not hesitate to contact me if you have any questions or need additional information or documentation.

Sincerely,

COHEN GARELICK & GLAZIER

Jeffrey A. Adams

JAA/kap
Enclosures
cc: David and Rudina Richter

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shadow Pine Investment, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Richter

(Name of Person)

(Firm/Company)

3021 Ridge Vale Circle

(Address)

Valrico, Florida 33594

(City/State and Zip Code)

For further information concerning this matter, please call:

David Richter

(Name of Person)

at (813) 690-4367

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shadow Pine Investment, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

3021 Ridge Vale Circle

Valrico, Florida 33594

Mailing Address:

3021 Ridge Vale Circle

Valrico, Florida 33594

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David Richter

Name

3021 Ridge Vale Circle

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

Valrico

FL 33594

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 (REQUIRED)

(CONTINUED)

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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

David Richter

3021 Ridge Vale Circle

Valrico, Florida 33594

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

David Richter

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)