	2007 08:54 or corporations Florida Department of State Division of Corporations Public Access System	7			
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•	To: Division of Corporations Fax Number : (850)205-0383	FILE			
: 2	From:	SC SC			
	From: Account Name : SHAPIRO & ADAMS, P.A. Account Number : I19990000101 Phone : (561)691-0059 Fax Number : (561)691-0066 Fax Number : (561)691-0066	TATE			
RECEIVED 07 FEB 23 AM 9: 04	Account Name : SHAPIRO & ADAMS, P.A. Account Number : I19990000101 Phone : (561)691-0059 Fax Number : (561)691-0066 FLORIDA/FOREIGN LIMITED LIABILITY CO. Pine Run Developers/Management, LLC	TATE			

Certificate of Status	0
Certified Copy	0
age Count	02
Stimated Charge	\$125.00

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Help

2/23/2007

ROBERT SHAPIRO PA

H07000049213 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pine Run Developers/Management, LLC (Must and 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:

Mailing Address:

21355 East Di	kia Highway
Sulte 101	•
Aventura, FL	33180

21355 East Dixle Highway Builte 101 Aventura, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Lizbility Company cannot serve as its own Registered Agent. You must designate an individual or mother business antity with an active Florida registration.)

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

Robert Lee Shaptro

Name

2401 PGA Boulevard, Suite 272 Florida strest address (P.O. Box <u>NOT</u> acceptable)

Palm Beach Gardens FL 33410 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) Page 1 of 2

P.03/03

		Н07000049213 3
	ARTICLE IV- Manager(s) or Man The name and address of each Mana	naging Member(s): get or Managing Member is as follows:
	<u>Title:</u> "MGR" = Manag e r "MGRM" = Managing Member	Name and Address:
:	MGR	Michael Levin
		21391 Marina Cove Circle, #K-11
		Aventura, FL 33180
1	MGR	Jose Corkidi
	: I	21356 East Dbde Highway
		Aventure, FL \$3180
		7 59
	<u>I</u>	
	•	Aventure, FL 33120 O7 FEB 23
•		
	(Use attachment if necessary)	APORATIONS

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an affective 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.)

<u>REQUIRED</u> SIGNATURE:

MAR

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.)

ose ork Typed or printed name of signee

Filing Fors:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certificate of Status (Optional)
\$ 5.00 Certificate of Status (Optional)

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