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To:

Division of Corporations
Fax Number : (950) 617-6383

From:

Account Name : JOSEPH M. BALOCCO, P.A.
Account Number : 120000000147
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 19 AM 10:00

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pines Realty, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

A. LUNT

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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
PINES REALTY, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is: Pines Realty, LLC.

ARTICLE II - ADDRESS:

The mailing address and the street address of the principal office of the Limited Liability Company is 8760 SW 56 Place, Cooper City, FL 33328.

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

Name

Address

PAUL EAPEN

8760 SW 56 Place, Cooper City, FL 33328

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

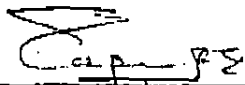
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 19 day of March, 2009.


 Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Eapen
 Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF
 REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Pines Realty, LLC
2. The name and the Florida street address of the registered agent are:

Paul Eapen
 8760 SW 56 Place
 Cooper City, FL 33328

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.


 Signature - Registered Agent

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