

LD9000037163

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(Address)

(Address)

(City/State/Zip/Phone #)

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APR 17 2009

**EXAMINER**



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04/16/09--01025--019 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE  
09 APR 16 AM 11:45

LAW OFFICES  
**SNED & TUCKER**  
A PARTNERSHIP OF LIMITED LIABILITY COMPANIES  
ATTORNEYS AT LAW  
3030 S. DIXIE HIGHWAY, SUITE 5  
WEST PALM BEACH, FLORIDA 33405-1539  
TELEPHONE (561) 655-8631  
FACSIMILE (561) 655-1640

WILLIAM H. SNED, JR., LLC  
JOAN B. TUCKER, LLC

April 15, 2009

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: PINEAPPLES AND PALMS LLC  
55 FLEMING L.L.C

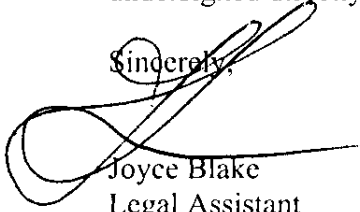
To Whom It May Concern:

Enclosed herewith please find the following:

1. Cover Letter, Articles of Organization and check in the amount of \$160.00 representing the filing fees for PINEAPPLES & PALMS LLC.
2. Cover Letter, Articles of Amendment and check in the amount of \$25.00 for 55 Fleming L.L.C.

Should you require additional information, please do not hesitate to contact the undersigned directly at (561) 655-8631, ext. 104.

Sincerely,



Joyce Blake  
Legal Assistant

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINEAPPLES & PALMS 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:

Vincent G. Burkhardt

(Name of Person)

c/o WILLIAM H. SNED, JR., LLC

(Firm/Company)

3030 S. Dixie Highway, Suite 5

(Address)

WEST PALM BEACH, FL 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

Joyce Blake

(Name of Person)

at ( 561 ) 655-8631, Ext. 104

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PINEAPPLES & PALMS LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

1400 ALABAMA AVENUE, SUITE 20  
WEST PALM BEACH, FL 33401

#### Mailing Address:

1400 ALABAMA AVENUE, SUITE 20  
WEST PALM BEACH, FL 33401

### 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:

SHARON H. BURKHARDT

Name

1400 ALABAMA AVENUE, SUITE 20

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

WEST PALM BEACH, FL 33401

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.*

Sharon H. Burkhardt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

09 APR 16 AM 11:45  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
SECRETARY OF STATE  
FLORIDA

**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

SHARON H. BURKHARDT

1400 ALABAMA AVENUE, SUITE 20

WEST PALM BEACH, FL 33401

MGR

SHARON H. BURKHARDT

1400 ALABAMA AVENUE, SUITE 20

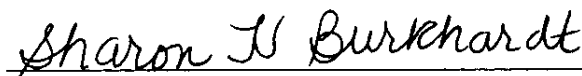
WEST PALM BEACH, FL 33401

(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.)

SHARON H. BURKHARDT

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)