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| PICK-UP                 | WAIT                | MAIL              |
|                         |                     |                   |
| (Bu                     | siness Entity Nam   | ne)               |
| ·                       |                     |                   |
| (Do                     | cument Number)      |                   |
|                         |                     |                   |
| Certified Copies        | _ Certificates      | of Status         |
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Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE

## **COVER LETTER**

TO:

| v · | TÕ:             | Registration Section Division of Corporations   | •                  |  | •  |
|-----|-----------------|---|--------------------|--|--|
|     | SUBJE           | cr. Hillsborough, Ma  | natee, Sar         | asota LLC.   |  |
|     | 5022            |   | of Limited Liabil  | <del></del>  |  |
|     | The enc         | losed Articles of Organization and  | ee(s) are submitte | for filing.  |  |
|     | Please r        | eturn all correspondence concerning   | this matter to the | following:   |  |
|     | -               | Yvonne L. Pinson  |                    |  | to the same of the |
|     |                 |   | Name of            | Person   |  |
|     | _               | Hilsborough, Manate   |                    | <del></del>  |  |
|     |                 |   | Firm/Co            | mpany  | were start to  |
|     | _               | 3323 Pine Needle Dr   | ve                 |  |  |
|     | _               |   | Addr               | CSS  |  |
|     | F               | Ruskin, Florida 33570   |                    |  |  |
|     |                 |   | City/State an      | d Zip Code   |  |
|     | 7               | pinson09@hotmail.com<br>E-mail address: (t  | be used for future | nnual report notification  | )  |
|     | For furt        | ner information concerning this mat   | er, please call:   |  |  |
|     | Yvon            | ne Pinson   | at ( 94            | 526-430  | 0  |
|     |                 | Name of Person  |                    | Area Code & Daytime T  | elephone Number  |
|     | Enclose         | d is a check for the following ar   | nount:             |  |  |
|     | <b>\$125.00</b> | Filing Fee \$130.00 Filing I<br>Certificate of S  | tatus Cer          | 5.00 Filing Fee & tified Copy tional copy is enclosed)   | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |
|     |                 | Mailing Address<br>Registration Section Division of Corp<br>P.O. Box 6327<br>Tallahassee, FL. | on<br>orations     | Street/Courier Addre<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 3230 | ons<br>r Circle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company is:

| ARTICLE I - Name:   |
|---|
| The name of the Limited Liability Company is:   |
| Hillsborough, Manatee, Sarasota 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 |

| 3323 Pine Needle Drive | P.O. Box 6352            |
|------------------------|--------------------------|
| Ruskin, Florida        | Sun City Center, Florida |
| 33570                  | 33571                    |
| 33570                  | 33571                    |

Principal Office Address:

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 stree | t address of the registered agent are:           | $\mathbf{F}_{c}$ |             |           |
|--------------------------------|--|------------------|-------------|-----------|
| Yvonne I                       | Pinson   | LLAH<br>LLAH     | 10 OC       |           |
|                                | Name   | HE CO            | $\Box$      | 1         |
| 3323 P                         | ine Needle Drive                                 | TARY             | 2           | h results |
|                                | Florida street address (P.O. Box NOT acceptable) | LO<br>LO         | ¥           |           |
| Ruskin                         | <sub>FL</sub> 33570                              | F (2)            | <del></del> |           |
|                                | City, State, and Zip                             | TATE<br>ORIDA    | 02          |           |

Mailing Address:

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

| 43 4CD 4 - 3 4   | Name and Address:   |
|--|---|
| "MGR" = Manager  |   |
| "MGRM" = Managing Member   |   |
| MGR  | Yvonne L. Pinson  |
|  | P.O. Box 6352   |
|  | Sun City Center, Florida 33571  |
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|  | N. S. Salvanova,  |
|  |   |
|  |   |
| ••   | date of filing: 10/08/2010 (OPTION  |
| LE V: Effective date, if other than the confective date is listed, the date must be  | date of filing: 10/08/2010 . (OPTION specific and cannot be more than five business de  |
| (Use attachment if necessary)  LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:   | date of filing: 10/08/2010 . (OPTION specific and cannot be more than five business d   |
| LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)   | date of filing: 10/08/2010 (OPTION specific and cannot be more than five business de  |
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| LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  | e specific and cannot be more than five business de   |
| LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608.4)  | e specific and cannot be more than five business de comment or an authorized representative of a member.  |
| LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608. constitutes an affirmation under I am aware that any false information to the constitutes are affirmation under I am aware that any false information. | or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State   |
| LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false informaconstitutes a third degree felony   | e specific and cannot be more than five business de or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false information constitutes a third degree felony Yvonne L. Pins                               | e specific and cannot be more than five business de or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
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