

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

APR 29 2011

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885 EXAMINER

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Email Address:_____

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FLORIDA LIMITED LIABILITY CO.

Pines & Associates LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PINES & ASSOCIATES LLC

ARTICLE II ADDRESS

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

1035 CANDLE BERRY ROAD ORLANDO, FLORIDA 32825

The mailing address of the Limited Liability Company is:

PO BOX 677903 ORLANDO, FLORIDA 32867

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

DELCENA LEWIS 13507 BRIARMOOR COURT ORLANDO, FLORIDA 32837

Having been named as registered agent 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.

DELCENA LEWIS / Registered Agent's signature

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PINES & ASSOCIATES LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
HAL GREGORY PINES
PO BOX 677903
ORLANDO, FLORIDA 32867

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.

HAL GREGORY PINES