

From:

L11000079258

To: (406) 180 676385

07/08/2011 09:52

#005 P.001

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000176693 3))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL
Account Number : 076376001447
Phone : (561) 832-5900
Fax Number : (561) 833-4209

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Pilidae, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FIELD SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL -8 AM 10:26

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TALAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

T. HAMPTON

JUL 11 2011

EXAMINER

From:

To: T416*18506176383

07/08/2011 09:52

#025 P.002/003

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is: Pilidae, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:
3 Hanover Square, Apt. 9D
New York, NY 10004-2621

Mailing Address:
3 Hanover Square, Apt. 9D
New York, NY 10004-2621

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

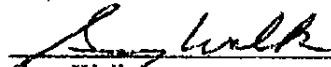
The name and the Florida street address of the registered agent are:

Gary Walk
Name

515 N. Flagler Drive, 20th Floor
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 Company at the place designated in this Certificate, I 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.



Gary Walk
Registered Agent's Signature

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07/08/2011 09:53

#025 P.003/003

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: MGRM

Name and Address:

“MGR” = Manager
“MGRM” = Managing Member

MGRM

Colin Kelly
3 Hanover Square, Apt. 9D
New York, NY 10004-2621

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).

Colin Kelly

Typed or printed name of signee

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