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SECRETARY OF STATE
ALLAHASSEE, FLORINA

B. BOSTICK
AUG 3 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PineGlen, LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	•	
rease return an correspondence concerning this is	nater to the following.	
James S. Morris		
	Name of Person	
James S. Morris, P.A.	TΑ	
	Firm/Company	=
420 S. Nova Road	AHAS AHAS	AUG -
	Address	10 (1)
Daytona Beach, FL 32114	F S	21 Rd
	City/State and Zip Code	<u>ਹ</u> ਾ
jim@jamesmorrispa.com		
E-mail address: (to be us	ed for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Jim Morris	at (386) 238-8383 xt 19	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fe Certified Copy Certificate of State (additional copy is enclosed) Certified Copy (additional copy is enc	us &
Mailing Address Registration Section Division of Corporation 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

ARTICL	Æ I -	Name:
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The name of the Limited Liability Company is:

PineGlen, 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:

Mailing Address:

411 Hannah Jeanne Circle
New Smyrna Beach, FL 32169

New Smyrna Beach, FL 32169

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:

Robert V. Snowden, Jr.

Name

411 Hannah Jeanne Circle

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

New Smyrna Beach

_{FL} 32169

City, State, and Zip

II AUG -2 PHI2: 16
SECHE FOR STATE
FALLAHASSEE FOR STATE

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

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

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

"MGR" = Manager "MGRM" = Managing Me	mber	
MGMR	TIMERITA, LLC	
	411 Hannah Jeanne Circle	
	New Smyrna Beach, FL 32169	<u> </u>
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	<u> </u>	
	in Pr	- · · · · ·
		<u>~:</u>
		17.7
	- IDA	
(Use attachment if necessar	=	
ARTICLE V: Effective date, if other	er than the date of filing: (C	PTIONAL)
	te must be specific and cannot be more than five bus	
<u>REQUIRED</u> SIGNATUI	_	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert V. Snowden, Jr.

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)