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B. BOSTICK
AUG 3 2011

## **COVER LETTER**

COVI	ER LETTER		
TO: Registration Section Division of Corporations			
PineCone II C			
	ited Liability Company	_	
The enclosed Articles of Organization and fee(s) an	e submitted for filing.		
Please return all correspondence concerning this ma	_		
James S. Morris			
	Name of Person		
James S. Morris, P.A.	F: (O		
120 C. Nove Bood	Firm/Company		
420 S. Nova Road	Address Ex	_ <del>_</del>	-5
Daytona Beach, FL 32114	AAN COX COX	2	
jim@jamesmorrispa.com	ity/State and Zip Code	PH 12:	-
	for future annual report notification)	<u>υ '.Υ</u> <u>- ω</u> - ω	
For further information concerning this matter, please	se 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:			
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of St (additional copy is enclosed)  Certified Copy (additional copy is	tatus &	
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:	
PineCone, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
411 Hannah Jeanne Circle New Smyrna Beach, FL 32169	411 Hannah Jeanne Circle New Smyrna Beach, FL 32169
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Robert V. Snowden, Jr	SE 1 Parallel 2 Parall
Name	T P
411 Hannah Jear	
Florida street add	dress (P.O. Box NOT acceptable)
New Smyrna Beach	<sub>FL</sub> 32169
City, St	ate, 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.

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGMR	TIMERITA, LLC
	411 Hannah Jeanne Circle New Smyrna Beach, FL 32169
	New Cinyma Beach, 7 E 02100
	Line   Line
	P
(Use attachment if necessary)	A
ARTICLE V: Effective date, if other than th	e date of filing: (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days pr
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. 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)