

L11000091248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

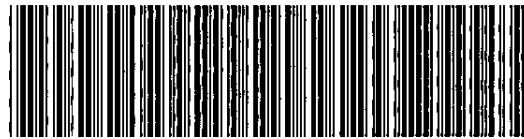
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

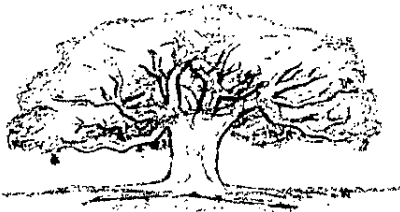


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FILED
2011 AUG - 8 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG - 9 2011
EXAMINER



Live Oak Family Offices, LLC

4376 Roma Blvd.

Jacksonville, FL 32210

904-389-5110 FAX 904-389-9246

www.lofollc.com

H. Thomas Platt III
Managing Member

August 5, 2011

Registration Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed are the executed Articles of Organization for PiNZ Derivatives LLC, along with our check in the amount of \$130 for the filing fee and certificate of status.

Thank you for your assistance in this matter.

Sincerely,

encl

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PiNZ Derivatives LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

H Thomas Platt III

Name of Person

Live Oak Family Offices LLC

Firm/Company

4376 Roma Blvd

Address

Jacksonville, FL 32210-8445

City/State and Zip Code

tplatt@lofolc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

PiNZ Derivatives 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:

4376 Roma Blvd
Jacksonville, FL 32210-8445

Mailing Address:

4376 Roma Blvd
Jacksonville, FL 32210-8445

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:

H Thomas Platt III

Name

4376 Roma Blvd

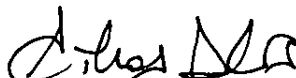
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32210-8445

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

H Thomas Platt III
4376 Roma Blvd
Jacksonville, FL 32210-8445

MGR

Peter S Rummell
2538 River Road
Jacksonville, FL 32207

MGR

George H Ashby Jr
2225 Salt Myrtle Lane
Orange Park, FL 32073

MGR

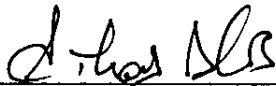
P Tyson Johnson
4498 W US Highway 90
Lake City, FL 32055

(Use attachment if necessary) **SEE ATTACHED**

ARTICLE V: Effective date, if other than the date of filing: August 5, 2011 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

H Thomas Platt III

Typed or printed name of signer

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PINZ DERIVATIVES LLC

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Larry R Watson
940 NW 247th Drive
Newberry, FL 32660

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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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)