(Requestor's Name)	
(Address)	40021518
(Address)	40021010
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/09/1201021
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
JAN 1 2 2012	

EXAMINER

Office Use Only



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COVER LETTER

Division of Co			
SUBJECT:	Delray Beac Name of Limi	A PINCAPPLE LLC ted Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Gene Fis	Name of Person	
Th	ne Delray Be	ach Pineapple Firm/Company	
24	7 NE 1	Address	
D	CIRAY BEACH	FLORIDA 334 ty/State and Zip Code	144
	ID @ delrA	for future annual report notification)	<u>n</u>
For further information	concerning this matter, pleas	se call:	
JEFFREY Name	O Person	at (760) 774 Area Code & Daytime Tele	- 2655 phone Number
Enclosed is a check for	\$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	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:			
The Delray Beach Pincapple 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:			
247 NE 15 AVENUE 777 E. ATLANTIC AVENUE DURMY BORCH, Fl. 33444 SUITE CZ-151 D. erray BEACH, FL. 33483-5360			
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:			
JEFFREY D'IA2 Name			
247 NE IST AVENUE			
Florida street address (P.O. Box NOT acceptable)			
DelRay BEACH FL 33444			

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..

City, State, and Zip

Registered Agent's Signature (REOURED)

(CONTINUED)

Page 1 of 2

12 JAN-9 AM IL: 82 SECRETARY OF STATE 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 "MGRM" = Managing Member	Name and Address:
MGR	JEFFREY DIAZ 143 S. SWINTON AVENUE DELRAY BEAUT, Pl. 33444
MERM	Gene D. Fisher. 247 NE 1ST AVE Dellay Boh Pl 33444

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 3 2012</u>. (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.)

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)