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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

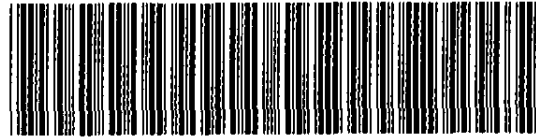
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE, CLERK OF STATE  
DIVISION OF CORPORATIONS, TALLAHASSEE, FLORIDA

D. BRUCE

FEB 02 2012

EXAMINER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PINEWOOD COVE ONE, LLC

Signature \_\_\_\_\_

Requested by: SETH

02/01/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR  
PINEWOOD COVE ONE, LLC, a Florida limited liability company

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. The effective date for the formation of this limited liability company is January 30, 2012.

ARTICLE I - Name

The name of this limited liability company shall be "PINEWOOD COVE ONE, LLC"

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 551 W. Palm Valley Drive, Oviedo, Florida 32765.

ARTICLE III - Management

The Limited Liability Company is to be managed by one or more Managers, and is, therefore, a Manager managed company. The initial Manager is Harold Michel.

ARTICLE IV - Purpose

The purpose of this limited liability company is to invest and reinvest its capital for security, growth, income and any other investment and business purposes.

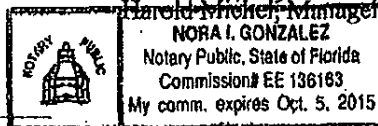
ARTICLE V

Registered Agent, Registered Office and Registered Agent's Signature

The name and Florida street address of the registered agent is HAROLD MICHEL located at 551 W. Palm Valley Drive, Oviedo, Florida 32765. 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.

Dated this 30<sup>th</sup> day of January, 2012.

STATE OF FLORIDA  
COUNTY OF Seminole



Harold Michel, Manager and Registered Agent

The foregoing Articles of Organization were acknowledged before me on 30 January, 2012, by HAROLD MICHEL. Said persons did not take an oath and (check one) ☐ are personally known to me or ☒ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.

Print Name: Nora I. Gonzalez  
Notary Public  
Commission Number: EE 136163  
My Commission Expires: 10/05/2015

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