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COVER LETTER

Division (of Corporations
SUBJECT:	PinCar Enterprises, LLC Name of Limited Liability Company
The enclosed Artic	eles of Organization and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Carmela Giacalone Name of Person
	Pinar Enterprises, UC
	6255 TASSICRIOLEDY TIL.
	Bradenson, FC 34002 City/State and Zip Code
	E-mail address: (10 be used for future annual report notification)
For further informa	ation concerning this matter, please call:
	Vame of Person at (911) 147-1960 Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:
\$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: PINCAR ENTER Prises, 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:
BIADENTON, FL BIADENTON, FL 34202
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:
Carmela Gircalone SSE TO THE Name
Florida street address (P.O. Box NOT acceptable)
Name Cass Tass Led Lower TI Florida street address (P.O. Box NOT acceptable) Readendon FL 30 202 City, State, 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)

Pina mari 104 Shoharie Dr. Dericho, NY (armela Giaralone 6855 Tasslellower Trl. Branomon, Te 34202
6855 TASSIGNOCER Trl.
e of filing: (OPTION pecific and cannot be more than five business of
TALLAH
an authorized representative of a member.
8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
ola 6; ACALONC

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)