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| (Requ | uestor's Name) | |
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| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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APR - 3 2013

T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/02/13

NAME:

DONALD J. PLINER MILLENIA STORE, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

130.00

RETURN: GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

Subject: Donald J. Pliner Millenia Store, 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:

| Joanne M. Lacey |
|--|
| Name of Person |
| Goulston & Storrs, PC |
| Firm/Company |
| 400 Atlantic Avenue |
| Address |
| Boston, MA 02110-3333 |
| City/State and Zip Code |
| jlacey@goulstonstorrs.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Joanne M. Lacey

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

Certified Copy

Certified Copy

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Donald J. Pliner Millenia | Store IIC | |
|---|---|---|
| | | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Add The mailing address | | he principal office of the Limited Liability Company is: |
| Principal Office Ad | dress: | Mailing Address: |
| 10800 NW 97th Street | | 10800 NW 97th Street |
| Suite 103 | | Suite 103 |
| Miami, FL 33178 | | Miami, FL 33178 |
| The Limited Liability Combusiness entity with an act | pany cannot serve as its own live Florida registration.) | Registered Agent. You must designate an individual or another the registered agent are: |
| The Limited Liability Combusiness entity with an act | pany cannot serve as its own live Florida registration.) orida street address of Brian A. Sullivan | Registered Agent. You must designate an individual or another the registered agent are: |
| The Limited Liability Combusiness entity with an act | pany cannot serve as its own live Florida registration.) orida street address of Brian A. Sullivan | Registered Agent. You must designate an individual or another |
| The Limited Liability Combusiness entity with an act The name and the Fl | pany cannot serve as its own tive Florida registration.) orida street address of Brian A. Sullivan 10800 NW 97th Street, Suite | Registered Agent. You must designate an individual or another the registered agent are: Vame |
| The Limited Liability Combusiness entity with an act The name and the Fl | pany cannot serve as its own live Florida registration.) orida street address of Brian A. Sullivan 10800 NW 97th Street, Suite Florida street | Registered Agent. You must designate an individual or another the registered agent are: Vame 103 et address (P.O. Box NOT acceptable) |
| The Limited Liability Combusiness entity with an act The name and the Fl | pany cannot serve as its own live Florida registration.) orida street address of Brian A. Sullivan 10800 NW 97th Street, Suite Florida stre | Registered Agent. You must designate an individual or another the registered agent are: Vame |

(CONTINUED)

Page 1 of 2

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

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" = Manag | rar | Name and Address: |
|--------------------------------|------------------------|---|
| "MGRM" = Mar | | |
| | | |
| MGR | | Brian A. Sullivan |
| | • | 10800 NW 97th Street, Suite 103 |
| | | Miami, Fl. 33178 |
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| (Use attachment | if negecony) | |
| Osc attachment | ii necessary) | |
| F V. Effective | date if other than the | date of filing:, (OPTION |
| fective date is l | isted the date must | be specific and cannot be more than five busin |
| | the date of filing.) | be specific and carried be more than five basin |
| or 70 days arter | the date of fining.) | |
| | | |
| REQUIRED SI | CNATURE | |
| RECOINED SI | GIATURE. | |

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.)

Brian A. Sullivan

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)

Page 2 of 2

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