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SECRETARY OF STAT

(850) 245-6051.

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 2574 Pineland L. L. C.  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:				
LAWRENCE D. JONES				
Name of Person				
Firm/Company				
400 Beach Rd., Ap. 1002				
Addiess				
TEQUESTA, FL 33469				
TEQUESTA, FL 33469  City/State and Zip Code  Ldjones 400 a gmail. com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LAWRENCE JONES at 561 972-7462				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
Mailing Address  Registration Section  Rigistration of Corporations  Physician of Corporations				

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 - Nan The name of the Li	ne: mited Liability Company is:			
2574 (Mu	Pineland st end with the words "Limited Liability	L.L.C.	LLC.")	-
ARTICLE II - Add	dress: s and street address of the pri	ncipal office of the I	Limited Liability (	Company is:
Principal Office A	ddress:	Mailing Address:		
400 Bea TEQUES FL 3340	ch Rd., Ap. 100.	2	Same	-
(The Limited Liability Con	gistered Agent, Registered of mpany cannot serve as its own Register cive Florida registration.)			
The name and the F	lorida street address of the re	gistered agent are:		-1 <sub>00</sub> 28
, , ,	LAWRENCE D	JONES	<del></del>	記ると
				TILE OF
	400 Beach Florida street addre	Kd., Hp.	1002	Ac I
			,	ES E
-	TEQUESTA City, State		<del></del> .	W 11: 05
	d as registered agent and to ac y at the place designated in th		_	

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)

Page 1 of 2

ARTICLE IV-	Manager(s) or Managing Member(s):
The name and a	ddress of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ALEXANDRA TURCILA 400 Beach Rd., Ap. 1002 Tequesta, FL 33469
MGRM	LAWRENCE D. JONES  YOU BEACK Rd., AT. 1002  Tequesta, FL 33469
(Use attachment if necessary)	67/15/13
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing:
REQUIRED SIGNATURE:	
Lauren	u. J. Jones E.
Signature of a member	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	408(3), Florida Statutes, the execution of this document, the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
LAWREN	ICE D. JONES SH S

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)

LAWRENCE D. JONES
Typed or printed name of signee