

2/27/2014

**L14000033872**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : HUBCO  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: john@pineapplecoveacademy.com

**FLORIDA LIMITED LIABILITY CO.****Pineapple Cove Academy North Shore Real Estate LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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**FILED**

FEB 28 2013

T. HAMPTON

H14000048453

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Pineapple Cove Academy North Shore Real Estate 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:**

1785 S. Eddron Boulevard  
Palm Bay, FL 32909

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Palm Bay, FL 32909

**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:

John Moran

Name

1517 S. Miramar Avenue

Florida street address (P.O. Box **NOT** acceptable)

Indialantic

City

FL 32903

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

John Moran

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

John Moran

1517 S. Miramar Avenue

Indialantic, FL 32903

Thomas Moran

1517 S. Miramar Avenue

Indialantic, FL 32903

Beth Moran

1517 S. Miramar Avenue

Indialantic, FL 32903

AMBR

AMBR

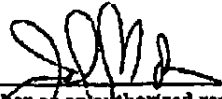
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

John Moran

Typed or printed name of signer

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