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B. BOSTICK
MAR 2 7 2014

## **COVER LETTER**

....

	of Corporations		
SUBJECT: Pine	e Cone Crafts LLC		
	Name of Lir	nited Liability Company	
The enclosed Arti	cles of Organization and fee(s) as	re submitted for filing.	
Please return all c	orrespondence concerning this m	atter to the following:	
		Jeffrey A. Garten Name of Person	
		Name of Leison	
		Pine Cone Crafts LLC	
		Firm/Company	
		117 Parkwood Drive	
		Address	
		val Palm Beach, FL 33411	رد . وي
	C	City/State and Zip Code	<del>مس</del> قد ۽ د 1945ء -
<del> </del>	E-mail address: (to be use	artenj@bellsouth.net d for future annual report notifica	10) ition) : (1)
For further inform	nation concerning this matter, plea	ase call:	
Jeffrey A. Garte	n at (at (_	561 ) 662-4062	
	Name of Person		lephone Number
Enclosed is a chec	ck for the following amount:		
□ \$125.00 Filing Fe	ce \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Pine Cone Crafts LLC				
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
117 Parkwood Drive	117 Parkwood Drive			
Royal Palm Beach. FL 33411	Royal Palm Beach, FL 33411			
ARTICLE III - Registered Agent, Registered Office, &				
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.		dividu	abor	
another outsitiess energy with an active riorida registration.	-			1
The name and the Florida street address of the registered a	gent are:		د ۔	1
Jeffrey A. Ga	rten		$\sim$	-
Name			زآ	
447.5			( )	*
117 Parkwood Drive Florida street address (P.O. Box N	IOT accentable)	÷	نيا	
Florida sa cet addiess (F.O. Dox F	acceptable)		194 27	
Royal Palm Beach,	FL 33411	•		
City	Zip			
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	he appointment as registered agent and agr fall statutes relating to the proper and comp ations of my position as registered agent as 605, F.S	ee to d lete p	act in th erforma	is mce
(CONTINUE)	D)			

Page 1 of 2

itle:  AMBR" = Authorized Member  MGR" = Manager  MGR  Jeffrey A. Garten  117 Parkwood Drive  Royal Palm Beach, FL 33  MBR  Luann Shores-Garten  117 Parkwood Drive  Royal Palm Beach, FL 33  We Royal Palm Beach, FL 33  Ve Effective date, if other than the date of filling:	3411	<del>-</del> 
Jeffrey A. Garten 117 Parkwood Drive Royal Palm Beach, FL 33  MBR  Luann Shores-Garten 117 Parkwood Drive Royal Palm Beach, FL 33  Royal Palm Beach, FL 33	3411	<del>-</del> 
Jeffrey A. Garten 117 Parkwood Drive Royal Palm Beach, FL 33  MBR  Luann Shores-Garten 117 Parkwood Drive Royal Palm Beach, FL 33  Royal Palm Beach, FL 33	3411	<del>-</del> 
117 Parkwood Drive Royal Palm Beach, FL 33  Luann Shores-Garten 117 Parkwood Drive Royal Palm Beach, FL 33  See attachment if necessary)	3411	<del>-</del> 
Royal Palm Beach, FL 33  Luann Shores-Garten 117 Parkwood Drive Royal Palm Beach, FL 33	3411	
117 Parkwood Drive Royal Palm Beach, FL 33	3411	
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Jse attachment if necessary)	3411	
Jse attachment if necessary)		
Jse attachment if necessary)		
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VI: Other provisions, if any.		
FOURDED SIGNATURE: 4		
EQUIRED SIGNATURE:		
Jeffin 1. Lotter	/e of a member	_
Signature of a member or an authorized representative	/e of a member.	<del></del> 1t
Signature of a member or an authorized representative (In accordance with section 605.0203 (1) (b), Florida Statutes, the exconstitutes an affirmation under the penalties of perjury that the facts	ecution of this document stated herein are true.	 1t
(In accordance with section 605.0203 (1) (b), Florida Statutes, the exconstitutes an affirmation under the penalties of perjury that the facts I am away that any false information submitted in a document to the	ecution of this document stated herein are true.	<del></del> nt
Signature of a member or an authorized representative (In accordance with section 605.0203 (1) (b), Florida Statutes, the exconstitutes an affirmation under the penalties of perjury that the facts	ecution of this document stated herein are true.	<del></del> nt
Signature of a member or an authorized representative (In accordance with section 605.0203 (1) (b), Florida Statutes, the exconstitutes an affirmation under the penalties of perjury that the facts I am away that any false information submitted in a document to the constitutes a third degree felony as provided for in s.817.155, F.S.)	ecution of this documer stated herein are true. Department of State	<del></del> nt
(In accordance with section 605.0203 (1) (b), Florida Statutes, the exconstitutes an affirmation under the penalties of perjury that the facts I am away that any false information submitted in a document to the	ecution of this documer stated herein are true. Department of State	
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