#L14000104554

(Requestor's Name)
(Address)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
LI WAIL
(Business Entity Name)
(Dasiness Entity Name)
(Document Number)
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K.SALY EXAMINER JUL -1 2014



ACCOUNT NO. : I2000000195
REFERENCE: 198994 7866623
AUTHORIZATION Syncholic man
COST LIMIT : 0\$ 125.00
ORDER DATE: June 30, 2014
ORDER TIME : 2:12 PM
ORDER NO. : 198994-005
CUSTOMER NO: 7866623
DOMESTIC FILING
NAME: PINE NAPLES RAILHEAD HOLDINGS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS:

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	PINE NAPLES RAILHEAD HOLE	DINGS, LLC				
SOMECT		mited Liabili	y Company			
The enclose	d Articles of Organization and fee(s) a	ıre submitted	for filing.			
Please retur	n all correspondence concerning this n	natter to the fe	ollowing:			
	Kathleen Leuschel					
		Name of I	Person			
	Sabal Financial Group, L.P.					
	Firm/Company					
4675 MacArthur Court, Suite 1550						
	Address Newport Beach, CA 92660					
		City/State and	Zip Code			
	tammie.etchells@sabalfin.com E-mail address: (to be used fo	r future annual report notification)			
For further	information concerning this matter, ple	ase call:				
Kathleen i		949	381-2784			
*****	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is	a check for the following amount:					
\$125.00 Fil	sing Fee \$130.00 Filing Fee & Certificate of Status	Certific	S160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301			

AKIKLE	SOF ORGANIZATION FORFI.	URIDA LIMITED LIADILIT	COMPANI
ARTICLE I - Name: The name of the Limited Liz	ability Company is:		POLY JUNE 2
PINE NAPLES RAILHEA	D HOLDINGS, LLC		7 J. C
(Must	end with the words "Limited L	iability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal offi	ice of the Limited Liability (Company is:
Principal Office Address:	<u>Mailing</u>	Address:	
4675 MacArthur Court, S	uite 1550	4675 MacArthur Court,	Suite 1550
Newport Beach, CA 9266		Newport Beach, CA 926	360
(The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration.	egistered Agent. You must ()	ture: designate an individual or
Cor	poration Service Company	- Control of the Cont	
	Name		
	1 Hays Street		-
Flo	rida street address (P.O. Box M	NOT acceptable)	
Tal	llahassee	_{FL} 32301	_
	City	Zip	
the place designated in the capacity. I further agree to of my duties, and I am far	his certificate. I hereby accept to comply with the provisions of miliar with and accept the obligations of Chapter orporation Service Compa	the appointment as registered all statutes relating to the position as registered to the positio	stated limited liability company at d agent and agree to act in this roper and complete performance istered agent as provided for in
		0	
	(CONTINUE	D)	

Page 1 of 2

Name and Address:			
ancial Group, L.P. Arthur Court, Suite 1550 Beach, CA 92660			
lco, LLC			
4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660			
y for purposes of the Company's busines			
hel			
ed representative of a member. ida Statutes, the execution of this document serjury that the facts stated herein are true. In a document to the Department of State in s.817.155, F.S.)			
r p			

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)