

LIS000193905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

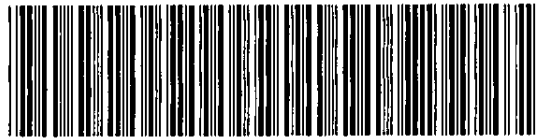
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NOV 19 2015

T. SCOTT



600279274606

11/19/15--01003--020 **160.00

RECEIVED
DEPARTMENT OF STATE
NOV 19 2015
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 NOV 19 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Pine Park Circle, 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:

3614 Lakewood Drive
Tallahassee, FL 32305

3614 Lakewood Drive
Tallahassee, FL 32305

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:

Loyd Don Forchard

Name

3614 Lakewood Drive

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

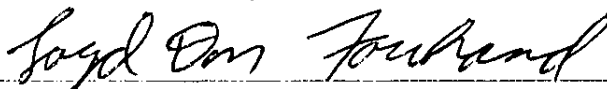
Tallahassee

FL 32305

City

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)

(CONTINUED)

Page 1 of 2

15 NOV 19 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Loyd Don Forehand

3614 Lakewood Drive

Tallahassee, FL 32305

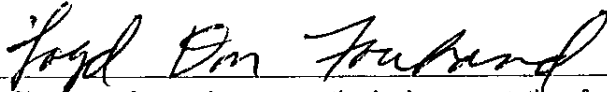
ARTICLE V: Effective date, if other than the date of filing: _____.(OPTIONAL)

(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.

doobeedo@nettally.com

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.)

Loyd Don Forehand

Typed or printed name of signee