

**L1700004750**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000060809 3)))



H170000608093ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR -3 AM 9:29

FILED

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
CAMP PINE TREE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

122717

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 6 2017  
C Kinsey

H17000060809

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

**ARTICLE I**

**Name**

The name of the Limited Liability Company is:

**CAMP PINE TREE, LLC**

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is

**4 STELLA COURT  
STONY POINT, NY 10980**

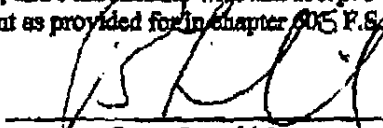
**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Bruce Lamchick  
LAMCHICK LAW GROUP PA  
9350 S. DIXIE HWY PH3  
Miami, Florida 33156**

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.

  
Bruce Lamchick

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR -3 AM 9:29

FILED

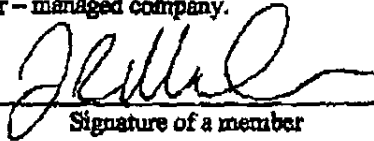
**ARTICLE IV**  
**Members/Managers**

Listed below is the initial member/manager of the limited Liability Company and his  
respective percentages of ownership

JOSHUA MALE 100%

**ARTICLE V**  
**Management (Check box if applicable)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and  
is, therefore, a manager - managed company.

  
Signature of a member

In accordance with section 605.0203 Florida Statutes, the execution of this document  
constitutes an affirmation under penalty of perjury that the facts stated herein are true

JOSHUA MALE

Typed or printed name of signer