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04/18/2017 03:18

#323 P.001/003

4/17/2017

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FLORIDA LIMITED LIABILITY CO.
PINE SHADOW CONSULTING, LLC

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From:

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#323 P.002/003

**ARTICLES OF ORGANIZATION OF PINE SHADOW CONSULTING, LLC,
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles of Organization hereby certifies that:

ARTICLE I – NAME

The name of the limited liability company (hereinafter referred to as the "Company") is:
PINE SHADOW CONSULTING, LLC

ARTICLE II – ADDRESS

The mailing address of the principal office of the Company is:
5109 Pine Shadow Lane, North Port, FL 34287

The street address of the principal office of the Company is:
5109 Pine Shadow Lane, North Port, FL 34287

ARTICLE III – REGISTERED AGENT

The name and the Florida street address of the initial registered agent is:
Julia M. Campion, 5109 Pine Shadow Lane, North Port, FL 34287

ARTICLE IV – MANAGEMENT AND ORGANIZING MEMBER

The Company shall be managed by the Members.

The name and address of the Organizing Member of the Company shall be:
Julia M. Campion, 5109 Pine Shadow Lane, North Port, FL 34287

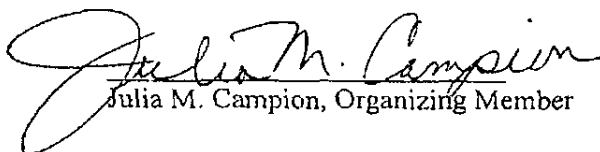
ARTICLE V – MEMBERS

The name and address of the Members of the Company shall be:
Julia M. Campion, 5109 Pine Shadow Lane, North Port, FL 34287

ARTICLE VI – LIMITATION ON AGENCY AUTHORITY OF MEMBERS

Pursuant to Section 605 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to by my act this 14th day of April, 2017.


Julia M. Campion, Organizing 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.

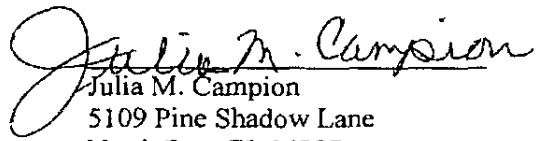
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#323 P.003/003

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF
PINE SHADOW CONSULTING, LLC**

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 5109 Pine Shadow Lane, North Port, FL 34287. 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 under Chapter 605, Florida Statutes.


Julia M. Campion
5109 Pine Shadow Lane
North Port, FL 34287

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In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.