## 117000255865

| (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: |
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Office Use Only

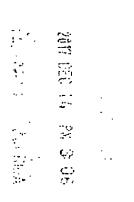
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## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

|          | PICE  | UP: <u>12/14 Glinda</u> |             |
|----------|---|-------------------------|-------------|
| СХ       | CERTIFIED COPY                                  |                         |             |
|          | <b>'</b> РНОТОСОРУ                              |                         |             |
|          | CUS   |                         |             |
| ХХ       | FILING  | LLC                     | ·           |
| <u> </u> | PINE TREE DRIVE EQU<br>CORPORATE NAME AND DOCUM | ENT#)                   |             |
| ((       | CORPORATE NAME AND DOCUM                        | IENT#)                  | ·           |
| (1       | CORPORATE NAME AND DOCUM                        | IENT #)                 |             |
| ((       | CORPORATE NAME AND DOCUM                        | IENT#)                  |             |
| (1       | CORPORATE NAME AND DOCUM                        | IENT #)                 |             |
| (1       | CORPORATE NAME AND DOCUM                        | HENT #)                 | 14          |
| CIAL     | INSTRUCTIONS:                                   |                         | ٠<br>١<br>١ |
|          |   |                         | <u> </u>    |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Pine Tree Drive Equity  |  |  | <del></del>                         | _ |
|---|--|--|-------------------------------------|---|
| (Must contain   | the words "Limited   | Liability Company,   | "L.L.C" or "LLC.")                  |   |
| RTICLE II - Address:<br>e mailing address and street add                      | ress of the principal (  | office of the Limited  | Liability Company is:               |   |
| Principal (   | Office Address:  |  | Mailing Address:                    |   |
| 13190 Telfair Ave.  |  | 1319   | 90 Telfair Ave.                     |   |
| Sylmar, CA 91342  |  | Sylr   | nar. CA 91342                       | _ |
| e name and the Florida street add   | innot serve as its own<br>ive Florida registration   | on.)<br>d agent are:   | You must designate an individual or |   |
| other business entity with an acti<br>e name and the Florida street add       | innot serve as its own ive Florida registration dress of the registered Registered Agent Sc  | n Registered Agent. on.)  d agent are:  blutions, Inc.  Name                               | You must designate an individual or |   |
| other business entity with an acti<br>te name and the Florida street add<br>- | innot serve as its own<br>ive Florida registration<br>dress of the registered  | n Registered Agent. on.)  d agent are:  blutions, Inc.  Name                               | You must designate an individual or |   |
| other business entity with an acti<br>e name and the Florida street add<br>-  | innot serve as its own ive Florida registration dress of the registered Registered Agent School 155 Office Plaza Dr.                                     | n Registered Agent. on.)  d agent are:  blutions, Inc.  Name                               | You must designate an individual or |   |
| other business entity with an acti<br>ne name and the Florida street add<br>- | innot serve as its own ive Florida registration dress of the registered Registered Agent Scales Office Plaza Dr. Florida street address Tallahassee City | n Registered Agent.  on.)  d agent are:  olutions, Inc.  Name  Suite A  SI (P.O. Box NOT a | You must designate an individual or |   |

(CONTINUED)

| Title: "AMBR" = Authorized Memb  | Name and Address:  |
|--|--|
| "MGR" = Manager  |  |
| AMBR   | Guillermo de la Vina   |
|  | 13190 Telfair Ave.   |
|  | Sylmar, CA 91342   |
| MGR  | Guillermo de la Vina   |
|  | 13190 Telfair Ave.   |
|  | Sylmar, CA 91342   |
|  | 37 mai. C A 91342  |
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| (Use attachment if necessary)  |  |
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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)