

Division of Corporations

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Division of Corporations  
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To:

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Fax Number : (850) 617-6381

From:

Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305) 673-1101  
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Email Address: SHERRY@BELOFFLAW.COM

(CA-0432-58)

**FLORIDA LIMITED LIABILITY CO.**~~FLAMINGO MANAGEMENT, LLC~~

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

"PINE TREE MANAGEMENT, LLC"

2018 NOV -5 AM 9:02  
SECRETARY OF STATE  
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October 16, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BELOFF LAW P.A.

SUBJECT: FLAMINGO MANAGEMENT, LLC  
REF: W18000089729

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000296035  
Letter Number: 518A00021069

11/5/18 - (CHANGED) NAME TO " PINE TREE  
MANAGEMENT, LLC"  
• 10 pages ENCLOSED

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P.002/010

850-817-8381

10/17/2018 11:02:03 AM PAGE 1/001 Fax Server



October 17, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BELOFF LAW, P.A.

SUBJECT: FLAMINGO MANAGEMENT, LLC  
REF: W18000090029

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000019172.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H18000296035  
Letter Number: 318A00021173

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**COVER LETTER**  
(CA-0432-58)

**TO:** REGISTRATION SECTION  
DIVISION OF CORPORATION

**SUBJECT:** NEW FILING

**FILE NAME:** CA-0432-58

**ENTITY NAME:** PINE TREE MANAGEMENT, LLC

The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Will Prince, Esq.  
1691 Michigan Avenue  
Suite 250  
Miami Beach, Florida 33139  
Telephone: 305-673-1101

Email Address: sherry@bekofflaw.com

\$160.00 Filing Fee  
Certificate Status & Certified Copy

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**ARTICLES OF ORGANIZATION  
FOR  
PINE TREE MANAGEMENT, LLC  
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

**The Name of the Limited Liability Company is: PINE TREE MANAGEMENT, LLC**

**ARTICLE II- ADDRESS:**

The Address of its Principal Place of Business, as well as the Mailing Address for this limited liability company is:

**4045 Sheridan Ave.  
Box 221  
Miami Beach, FL 33140**

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT  
SIGNATURE:**

The Name and the Florida Address of the Registered Agent are:

**Chaim Cahane  
4045 Sheridan Ave.  
Box 221  
Miami Beach, FL 33140**

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TALLAHASSEE, FL

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Having been named as registered agent and to accept service of process for the above state 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.



**Chaim Cahane, Registered Agent**

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**ARTICLE IV-**

The Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:

**TITLE:**

Manager

**NAME AND ADDRESS:**

Chaim Cahane

4045 Sheridan Ave.


Box 221

Miami Beach, FL 33140

**ARTICLE V- Effective Date, if other than the date of filing: N/A (Optional)**

**ARTICLE VI- Other provisions, if any: N/A**

**REQUIRED SIGNATURES:**

  
\_\_\_\_\_  
**CHAIM CAHANE, Manager**

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155, F.S.)*

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TALLAHASSEE, FL**

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