

L190000051169

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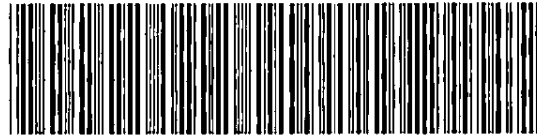
(Business Entity Name)

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- CERTIFIED COPY \_\_\_\_\_
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1. DREW JAMES PINES, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**OF**

**DREW JAMES PINES, LLC**

The Member who desires to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, by and through its authorized representative, does hereby adopt the following Articles of Organization and certifies:

**ARTICLE I: NAME**

The name of the limited liability company is Drew James Pines, LLC (the "Limited Liability Company").

**ARTICLE II: ADDRESSES**


The mailing address of the Limited Liability Company is 13301 Parkside Terrace, Cooper City, FL 33330. The street address of the principal office of the Limited Liability Company is 5111 Sheridan Street, Hollywood, FL 33021.

**ARTICLE III: REGISTERED AGENT AND OFFICE**

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

Carol Loiacono  
13301 Parkside Terrace  
Cooper City, FL 33330

*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, Florida Statutes.*

  
\_\_\_\_\_  
Carol Loiacono  
Signature of Registered Agent  
Accepting the Appointment

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**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is a manager-managed limited liability company. The name and address of the Manager of the Limited Liability Company as of its date of organization is as follows:

Carol Loiacono  
13301 Parkside Terrace  
Cooper City, FL 33330

**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act on February 27, 2019.

(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. 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 Section 817.155, Florida Statutes.)

*Carol Loiacono*

\_\_\_\_\_  
Carol Loiacono  
Signature of Authorized Representative  
Executing the Articles of Organization

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TALLAHASSEE, FLORIDA

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