

900392827949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

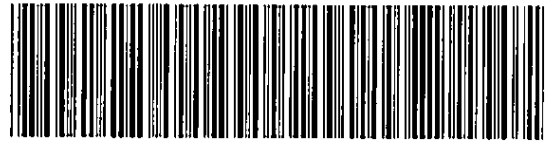
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900392827949

08/26/22--01004--003 \*\*125.00

FILED  
2022 AUG 26 PM 5:39

RECEIVED  
2022 AUG 26 AM 11:09  
ALABAMA SECRETARY OF REVENUE

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** AP PINES LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Clayton Touchton

\_\_\_\_\_  
Name of Person

Smith, Thompson, Shaw, Colon & Power PA

\_\_\_\_\_  
Firm/Company

3520 Thomasville Road, 4th floor

\_\_\_\_\_  
Address

Tallahassee, FL 32309

\_\_\_\_\_  
City/State and Zip Code

dsmitchell1@yahoo.com; d.mitch@verizon.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clayton Touchton

850

893-4105

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION OF AP PINES LLC

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **AP PINES LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is 826 Cherry Street, Tallahassee, FL 32303. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is 826 Cherry Street, Tallahassee, FL 32303. Such address may be changed from time to time as provided in the Operating Agreement.

FILED  
2022 AUG 26 PM 5:39

6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **SMITH, THOMPSON, SHAW, COLON & POWER, PA**, located at 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, FL 32309.

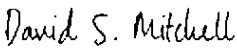
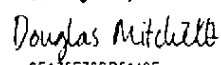
7. **MANAGEMENT.**

The name and addresses of the Managers of the Limited Liability Company are:

DAVID S. MITCHELL  
826 Cherry Street  
Tallahassee, FL 32303

DOUGLAS F. MITCHELL  
5302 Colorado Ave NW  
Washington DC, 20011

**DATED** this \_\_\_\_\_ day of July, 2022.

DocuSigned by:	
	7/14/2022
<small>7047D85D46CD49F</small>	
<hr/>	
<b>DAVID S. MITCHELL</b>	
DocuSigned by:	
	7/13/2022
<small>65A76C78DDE1405</small>	
<hr/>	
<b>DOUGLAS F. MITCHELL</b>	

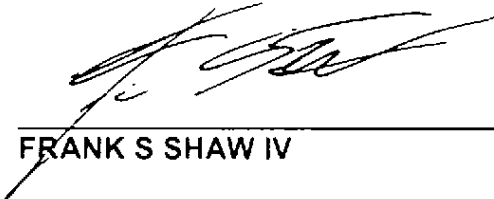
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **AP PINES LLC**.
2. The name of the registered agent and office is: **SMITH, THOMPSON, SHAW, COLON & POWER, PA**, located at 3520 Thomasville Road, 4<sup>th</sup> Floor, Tallahassee, FL 32309.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**FRANK S SHAW IV**

FILED  
2022 AUG 26 PM 5:39