

L230000 22978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

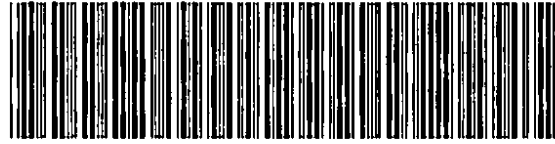
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# BACH, JACOBS & BYRNE, P.A.

240 S. Pineapple Avenue, Suite 700  
Sarasota, FL 34236

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*Board Certified in Tax Law*  
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[lindsey@sarasotaelderlaw.com](mailto:lindsey@sarasotaelderlaw.com)

Phone: 941-906-1231

Fax: 941-954-1185

November 21, 2022

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 323314

Re: Pines to Palms Properties, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Cover Letter and Articles of Organization for a Florida Limited Liability Company for Pines to Palms Properties, LLC. Also enclosed is check #5966 in the amount of \$125.00 payable to Division of Corporation for the filing fee.

Please file the Articles and stamp the copy of the Articles and return the copy to my office as soon as possible in the self addressed stamped envelope enclosed for your convenience.

If you have any questions or require any additional information or documentation, please do not hesitate to contact me.

Best Regards,

  
Sean M. Byrne

SMB/lvz  
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Pines to Palms Properties, 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:

Sean M. Byrne, Esq.

Name of Person

Bach, Jacobs & Byrne, PA

Firm/Company

240 South Pineapple Ave. Suite 700

Address

Sarasota, FL 34236

City/State and Zip Code

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

For further information concerning this matter, please call:

Sean M. Byrne

941

906-1231

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pines to Palms Properties, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

100 Antioch Plantation

Weddington, NC 28104

Mailing Address:

P.O. Box 77953

Charlotte, NC 28271

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Nays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

Florida

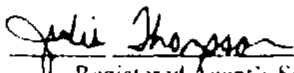
32301

City

State

Zip

*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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR/MGR

David Lawrence Thompson  
P.O. Box 77953  
Charlotte, NC 28271

AMBR/MGR

Daniel J. Thompson  
482 NH Rt. 175  
Campton, NH 03223

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

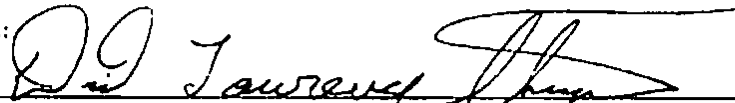
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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 s.817.155, F.S.

DAVID LAWRENCE THOMPSON

Typed or printed name of signee

**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)