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CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

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-08/18/99--01047--002

\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

PINGATE Ventures, L.L.C.

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TALLAHASSEE, FLORIDA

☐ Profit

☐ NonProfit

☐ Amendment

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☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☒ LLC Articles

☐ Limited Partnership

☐ Annual Report

☐ Other UCC Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

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Jeffrey Butterfield

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Pinegate Ventures, L.L.C.

## ARTICLE II - Address:

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

1733 Gulfstar Drive #301  
Naples, Florida 34112

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

through December 31, 2039

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

James J. Lloyd  
12561 Broadmoor Street  
Overland Park, KS 66209

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The Members, acting unanimously  
shall have the right to admit  
additional Members.

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#### ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members, acting unanimously, shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the company.

#### ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Pinegate Ventures, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ -0-;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 300,000.00.

X James J. Lloyd

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES J. LLOYD

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Pinegate Ventures, L.L.C.

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

CT Corporation System  
NAME

1200 South Pine Island Road

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

Plantation, FL 33324  
CITY, STATE AND 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.*

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

Connie Bryan  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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