1114000001262

(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:		
1111-551105		
W14-55405		

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08/29/14--01028--011 **70.00

10/09/14--01001--020 **55.00

SECRETARY OF STATE

B. BOSTICK OCT - 8 2014 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Proe Ridge	e of Limited Liability Company
	ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
MARI	K FERNICOLA
	Name of Person
	Firm/Company
948	s Pine Ridge Drive.
	Address
ρι	ANTATI AN 12 33317
	City/State and Zip Code
Pineride pro	perty management @ gmail. com to be used for future amulal report notification.
For further information concerning this matter, pleas	se call:
MARK FERNICOLA	at 954 557 1993 Es =
Name of Contact Person	Area Code Daytime Telephone Number m
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations Registration Section	Division of Corporations Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amou	
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate of	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPLIANCE WITH SECTION 605.090 REIGN LIMITED LIABILITY COMPANY	TO TRANSACT BUSINES	S IN THE STATE OF FLOI		TER .
(Name of Foreign Limited Liability Co	eAy MAna cerre	Liability Company," "L.L.C.,"	or "LLC.")	
omo umousilable auto-ale-at-at-d-f-C		The ide The target		
ame unavailable, enter alternate name adopted for ility Company," "L.L.C," or "LLC.")				itea
NWADA	3	20 · 26 28 2	70	
risdiction under the law of which foreign limite ompany is organized)	a natinty	(r.e.i number, ii appi	icable)	
(Data first tran	sacted business in Florida, if p	rior to registration		
(See sections 605	.0904 & 605.0905, F.S. to dete	ermine penalty liability)		
		· · · · · · · · · · · · · · · · · · ·		
948 Pin	e Ridge Dy	PLANTATION	Fr 33317	
	(Street Address of Principa	l Office)	,	
			 	
	same			
	(Mailing Address)			
The name, title or capacity and addr	ess of the person(s) wh	o has/have authority to	manage is/arca	
MARK FERM	ICOLA, ME	FRM	A OC	
			ASS	
			MY T	
			F S T	
ttached is an original certificate of e	vistance no more than	. 00 days ald, duly autho	RA COM	aial
ng custody of records in the jurisdic				Clai
ptable. If the certificate is in a forei		on of the certificate und	ler oath of the transl	lator
t be submitted)			-	
/k	/// Ja			
	Signature of an authori	zed person		
ordance with section 605.0203, F.S., the execution of are that any false information submitted in a document				n aire ti
	MARK FER	WICOLK		
	ped or printed name of			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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: PINE RIDGE PROPERTY MANAGEMENT	ul.	<u> </u>
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		_
MARK FERRICOLA	NA SE	
948 Are RIDGE DR.	OCT -1	
Florida Street Address (P.O. Box NOT ACCEPTABLE) PLANTATOW FL 33317	OF STATE	
City/State/Zip	— DM 2	

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.

(Šignature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PINE RIDGE PROPERTY MANAGEMENT LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 22, 2005, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20140819-1286
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 19, 2014.

ROSS MILLER Secretary of State SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2014

MARK FERNICOLA 948 PINE RIDGE DRIVE PLANTATION, FL 33317

SUBJECT: PINE RIDGE PROPERTY MANAGEMENT, LLC

Ref. Number: W14000055405

We have received your document for PINE RIDGE PROPERTY MANAGEMENT, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 314A000 1939

ADDITION of CHECK FOR ST. - En closed.

Amount pair of \$125.

www.sunbiz.org