

**M2500000442**

Florida Department of State  
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To:

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Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
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**Foreign Limited Liability Company  
Pine Palm & Oak Properties LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALY

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Pine Palm & Oak Properties LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. South Carolina 3. 33-2665469  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6650 Rivers Ave. STE 100 6. 6650 Rivers Ave. STE 100  
(Street Address of Principal Office) (Mailing Address)  
Charleston SC 29406 Charleston SC 29406

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc  
Office Address: 7901 4th St N STE 300  
St. Petersburg, Florida 33702  
(City) (Zip code)

## Registered agent's acceptance:

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Daniel J. Jones

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☐ Manager

Name: Hamilton, Jared

☒ Member

Address: 6650 Rivers Ave. STE 100

☐ Authorized

Charleston SC 29406

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

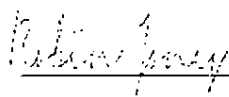
☐ Other

☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



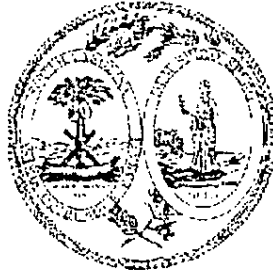
Signature of an authorized person

Robin Jones

Typed or printed name of signer

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SECRETARY OF STATE

# *The State of South Carolina*




*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Pine Palm & Oak Properties LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 2nd, 2025, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 8th day  
of January, 2025.

  
Mark Hammond, Secretary of State