

L25000011263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

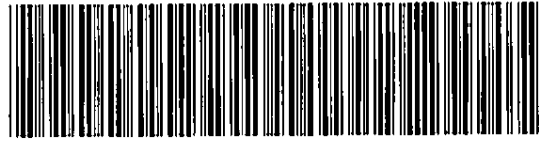
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALLIANCE STATE FILE

2025 JAN 09 09:47



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
 From: Amanda Miller
 Ext: x62969
 Date: 01/09/25
 Order #: 1759889-1
 Re: Pinehurst Property Group, LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation
 Amount to be deducted from our State Account: \$155.00 - FL State Account Number:
 I20000000195

Please take the following action:

File in your office on basis
 Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pinehurst Property Group, 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:

Brian A. Cordero
Name of Person

Woods, Weidenmiller, Michetti & Rudnick, LLP
Firm/Company

9045 Strada Stell Court, 4th Floor
Address

Naples, FL 34109
City/State and Zip Code

bcordero@lawfirmnaples.com
E-mail address: (to be used for future annual report notification)

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TALLHASSEE, FL

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For further information concerning this matter, please call:

Brian A. Cordero 239 325-4070
Name of Person at () 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:

Pinchurst Property Group, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2355 Vanderbilt Beach Road, Suite 154
Naples, FL 34109

2355 Vanderbilt Beach Road, Suite 154
Naples, FL 34109

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:

WWMR Statutory Agent, LLC
Name

9045 Strada Stell Court, 4th Floor
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34109
City State Zip

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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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Michael A. Fazzolari
92 Millburn Ave #250, Springfield, NJ 07081

(Use attachment if necessary)

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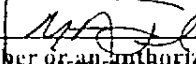
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

DocuSigned by:


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.

Michael A. Fazzolari

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)