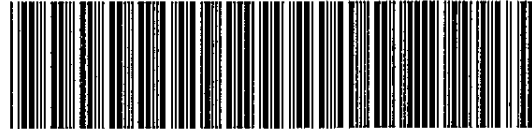


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04 MAR -1 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section  
Division of Corporations

04 MAR -1 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: First Coast Ventures L.L.C.  
(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:

William C.A. Lee  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2039 Rayben Dr  
(Address)

Jacksonville, FL 32246  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Lee at ( 904 ) 955-1890  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**FILED**  
04 MAR -1 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

First Coast Ventures L.L.C

**ARTICLE II - Address:**

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

**Principal Office Address:**

2039 Rayben Dr  
Jacksonville, FL  
32246

**Mailing Address:**

2039 Rayben Dr  
Jacksonville FL  
32246

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

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

William Lee  
Name

2039 Rayben Dr  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FLORIDA 32246  
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 as provided for in Chapter 608, Florida Statutes..*

William C. Lee  
Registered Agent's Signature

FILED

04 MAR -1 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

William C.A. Lee  
2039 Rayben Dr  
Jacksonville, FL 32246

MGRM

Richard J Gregory  
10762 Dulcanan Dr  
Jacksonville, FL 32246

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

William Carlton Allen Lee  
Signature of a member or an authorized representative of a member.

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

William Carlton Allen Lee  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)