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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CORP USA
 Account Number : 072450003255
 Phone : (305)634-3694
 Fax Number : (786)409-5946

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
FIRST CAPITAL TRUST OF THE NATURE COAST, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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5/8/2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Capital Trust of the Nature Coast, 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:

SUGGS, RICK A
Name of Person

FIRST CAPITAL TRUST, LLC
Firm/Company

2315 HIGHWAY 41 NORTH
Address

INVERNESS, FLORIDA 34453
City/State and Zip Code

premierreality.rick@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUGGS, RICK A at (352) 726 7494
Name of Person Area Code 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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Capital Trust of the Nature Coast, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

PREMIER OAKS PROFESSIONAL OFFICE I
2315 HIGHWAY 41 NORTH
INVERNESS, FL 34453

PREMIER OAKS PROFESSIONAL OFF
2315 HIGHWAY 41 NORTH
INVERNESS, FL 34453

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:

SUGGS, RICK A

Name

2315 HIGHWAY 41 NORTH

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

INVERNESS FL 34453

City

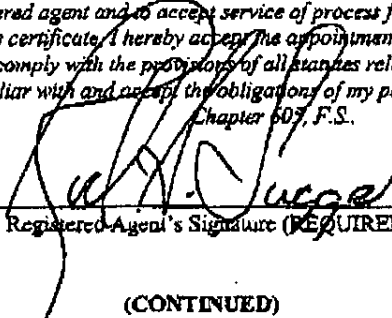
Zip

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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 607, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE _____

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ARTICLE IV-

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

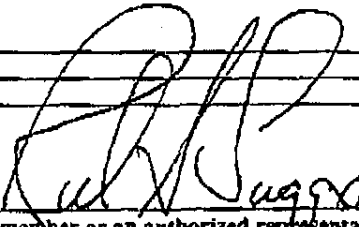
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>MGR</u>	<u>SUGGS, RICK A</u> <u>2315 HIGHWAY 41 NORTH</u> <u>INVERNESS, FL 34453</u>
<u>AMBR</u>	<u>SUGGS, RICK A</u> <u>2315 HIGHWAY 41 NORTH</u> <u>INVERNESS, FL 34453</u>
<u>MGR</u>	<u>CARIELLO, ANDRE J</u> <u>2456 W APRICOT DRIVE</u> <u>BEVERLY HILLS, FL 34465</u>
<u>AMBR</u>	<u>CARIELLO, ANDRE J</u> <u>2456 W APRICOT DRIVE</u> <u>BEVERLY HILLS, FL 34465</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 5TH, 2014 (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.)

ARTICLE VI: Other provisions, if any.
NONE

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

RICK A. SUGGS
Typed or printed name of signer

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)

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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