

#L 15000070407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

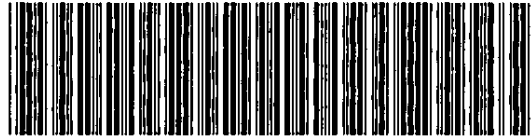
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100271086521

EFFECTIVE DATE
4-1-2015

04/03/15--01033--015 **155.00

2015 APR -3 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
APR 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COCONUT LANE LAND OWNERS, 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:

Jennifer L. Strickland, Paralegal
Name of Person

Mark A. Perry, PA
Firm/Company

50 SE 4th Avenue
Address

Delray Beach, FL 33483
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer L. Strickland at (561) 276-4146
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
4-1-2015

COCONUT LANE LAND OWNERS, 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:

928 West Central Street
Lantana, FL 33462

928 West Central Street
Lantana, FL 33462

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2015 APR -3 PM 2:46
SOUTH FLORIDA DISTRICT
TALLAHASSEE, FLORIDA

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.)

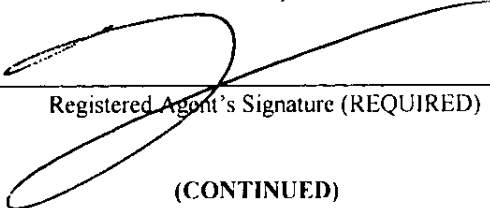
The name and the Florida street address of the registered agent are:

Mark A. Perry, PA
Name

50 SE 4th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33483
City 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 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:
"AMBR" = Authorized Member
"MGR" = Manager
MMBR

Name and Address:

Bill A. MacKinlay
928 West Central Street
Lantana, FL 33462

AMBR

Valry E. MacKinlay
1402 South Seacrest Blvd.
Boynton Beach, FL 33435

AMBR

Robert L. MacKinlay
1402 South Seacrest Blvd.
Boynton Beach, FL 33435

AMBR

Thomas E. O'Hern, III and Mary Margaret O'Hern
1402 South Seacrest Blvd.
Boynton Beach, FL 33435

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

(Use attachment if necessary) *SEE ATTACHED

ARTICLE V: Effective date, if other than the date of filing: April 1, 2015 (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.

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.)

BILL A. MACKINLAY
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)

Title:

AMBR

AMBR

Name and Address:

Patricia A. MacKinlay
1402 South Seacrest Blvd.
Boynton Beach, FL 33435

Peter Graves
1402 South Seacrest Blvd.
Boynton Beach, FL 33435

2016 APR -3 PM 2:48
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA