

L 00000005759

S. Cannon St., suite 600

Address

Tallahassee, Fl. 32301 425-5675

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

200003257272--7

1. Coastal Atlantic Homes Group I LLC  
(Corporation Name) (Document #)

2. Coastal Atlantic Homes Group II LLC  
(Corporation Name) (Document #)

3. Coastal Atlantic Homes Group III LLC  
(Corporation Name) (Document #)

4. Coastal Atlantic Commercial Properties Group I, LLC  
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time 4pm ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☒ Profit / Reg agent.  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

AMENDMENTS

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00 MAY 18 PM 4:02

RECEIVED  
00 MAY 18 AM 11:04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
RECEIVED  
00 MAY 18 AM 10:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
W/5/18

Examiner's Initials

6



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 18, 2000

HOLLAND & KNIGHT

SUBJECT: COASTAL ATLANTIC HOMES GROUP, I, LLC  
Ref. Number: W00000012966

We have received your document for COASTAL ATLANTIC HOMES GROUP, I, LLC and your check(s) totaling \$630.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 100A00028301

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00 MAY 18 PM 4:02  
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TALLAHASSEE, FLORIDA

RECEIVED  
00 MAY 18 PM 3:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**Articles of Organization  
of  
COASTAL ATLANTIC HOMES, GROUP I, LLC.**

These Articles of Organization are submitted for the purpose of forming a Limited Liability Company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be Amended.

**Article I**

**Name**

The name of the limited liability Company (the Company) will be

**Coastal Atlantic Homes, Group I, LLC.**

**Article II**

**Term**

The existence of the company shall commence upon filing of these Articles Of Organization with the Florida Department of State and its duration shall Be perpetual unless and until dissolved as required by the Act or as provided In the regulations(as that term is herein defined).

**Article III  
Addresses**

The Principle and initial mailing address of the company is 25 Old Mission Avenue, St. Augustine, Florida 32084.

**Registered Agent**

The name and street address of the initial resident agent of the Company are  
As follows: C. Kelly Smith, 25 Old Mission Avenue , St. Augustine, Florida 32084

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TALLAHASSEE FLORIDA

## **Article V**

### **Additional Members**

Additional members may be admitted upon the unanimous consent of all Members and in accordance with terms and conditions set forth in the Regulations.

## **Article VI**

### **Continuation**

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or other event which terminates the continued Membership of a member in the Company, then upon the affirmative vote of a majority in interest of the remaining members to continue the Company within 90 days after the occurrence of such event, the Company shall not be dissolved and the business of the Company shall be continued.

## **Article VII**

### **Management**

The management of this Company shall at all times be vested in one or more Managers. The names and addresses of the initial managers who shall serve Until the first annual meeting of the members or until their successor (or successors) is, (are) elected by a majority interest of the members are as follows.

Name

**Michael J. Hefferon**  
**C. Kelley Smith**

Address

**25 Old Mission Avenue**  
**St. Augustine, Florida 32084**

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## **Article VIII**

### **Regulations**

The members shall have the power to adopt, alter, amend or repeal Regulations as contemplated by the Act (the "Regulations"). The Regulations Adopted by the member(s) may be amended, repealed, or altered or new Regulations may be adopted, from time to time by the Member(s).

## Article IX

### Limited Liability

Except as otherwise expressly provided by the Act, no Member, Manager, Officer, Manager or Employee of the Company shall be personally liable for the Debts, obligations or liabilities of the company, whether arising in contract, Tort or otherwise, or for acts of omissions of any other Member, Manager, Officer, agent or employee of the Company.

By Michael J. Hefferon  
Michael J. Hefferon, Member

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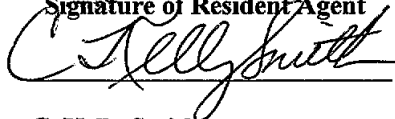
**Certificate of designation of  
Registered Agent/Registered Office**

**Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes the undersigned, Limited Liability Company submits the following statement to designate a Registered Office and Resident Agent in the State of Florida.**

1. The name of the Limited Liability Company is Coastal Atlantic Homes, Group I, LLC
2. The name and the Florida Street address of the registered agent are:  
C. Kelly Smith, 25 Old Mission Avenue, St. Augustine, Florida 32084.

Having been named as resident 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.

Signature of Resident Agent



**C. Kelly Smith,  
25 Old Mission Avenue  
St. Augustine, Florida 32084**

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