

L0/000000 3875

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000026549 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

LIMITED LIABILITY COMPANY

Coleridge Place, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED
01 MAR 13 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 MAR 13 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#01000026549 5

**ARTICLES OF ORGANIZATION
OF
COLERIDGE PLACE, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

Coleridge Place, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

5621 Sarah Avenue, #102
Sarasota, FL 34233

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

John E. Napolitano, Esquire
100 North Wallace, Suite 240
Sarasota, Florida 34237

Having been named as the 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, F.S.


JOHN E. NAPOLITANO, ESQUIRE
Registered Agent

#01000026549 5

FILED
01 MAR 13 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H0100026549 5

ARTICLE IV - MANAGEMENT
(Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Corbet O'Connor

CORBET O'CONNOR
Signature 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.)

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization in Sarasota, Florida, on this 12th day of March, 2001

Corbet O'Connor

CORBET O'CONNOR
Member

STATE OF FLORIDA
COUNTY OF SARASOTA

Sworn to and subscribed before me this 12th day of March, 2001, by CORBET O'CONNOR

Janith P. Sheffield
Notary Public - State of Florida
(Seal)

Janith P. Sheffield



Janith P. Sheffield
MY COMMISSION # CC013740 EXPIRES
March 1, 2003
BONDED THROUGH TROY FAIN INSURANCE, INC.

Personally Known ☒
Identification Produced ☐

H0100026549 5