



# LO1 0000010894

## Coastal Benefit Plans

"Group Insurance Solutions"

John S. Percy  
641 Poinsettia Rd.  
Belleair, FL 33756-1524  
Phone/Fax (727) 559-7418  
coastalbenefitplans@yahoo.com

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\*\*\*160.00 \*\*\*160.00

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find the registration forms and a check for the appropriate fees for registration as a Limited Liability Company.

Thank you for your attention to this matter.

Best regards,

John S. Percy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Coastal Benefit Plans L.L.C.

## ARTICLE II - Address:

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

641 Poinsettia Rd.  
Belleair, FL 33756

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

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

John S. Pearcy  
Name  
641 Poinsettia Rd  
Florida street address (P.O. Box NOT acceptable)  
Belleair FL 33756  
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, F.S..*

*John S. Pearcy*  
Registered Agent's Signature

## 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.

(An additional article must be added if an effective date is requested.)

*John S. Pearcy*  
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.)

JOHN S. PEARCY  
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)

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