

LD1000010726

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W W L
ATTORNEYS

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June 27, 2001

6/29

MJH

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: SUNCOAST FINANCIAL & INSURANCE, LLC

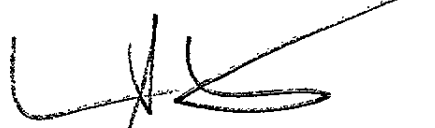
100004452191--1
-06/29/01--01084--005
*****125.00 *****125.00

Dear Sir:

Enclosed please find the original Articles of Organization for the above-referenced limited liability company, together with a check in the amount of \$125.00 to cover the filing fee.

Thank you very much for your cooperation in this matter.

Very truly yours,



Warren A. Wilson, III

WAW:sms
Enclosures

S-C CORP/SUNCOAST LR

FILED
01 JUN 29 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNCOAST FINANCIAL & INSURANCE, LLC

ARTICLE II - Address:

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

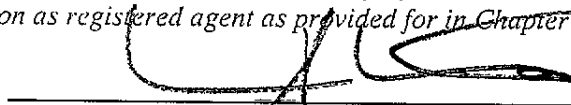
31608 U.S. Hwy. 19 North, Palm Harbor, FL 34684

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the Registered Agent are:

Warren A. Wilson, III
31608 U.S. Hwy. 19 North
Palm Harbor, FL 34684

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, Fla. Stat.

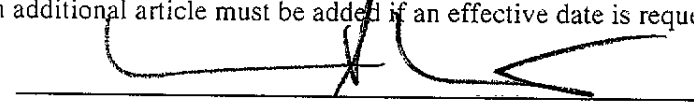


Registered Agent's Signature

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)



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.)

Warren A. Wilson, III, Authorized Representative

Typed or printed name of signer

FILED
01 JUN 29 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)