

L 010000015727

Aronld T. Johnson
12940 SW 185 Terrace
Miami, FL 33177

City/State/Zip

Phone #

Office Use Only

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

1. ATLANTIC COAST DEVELOPMENT, L4 100004513941--6
(Corporation Name) (Document #) -08/03/01--01044--002
*****46.25 *****46.25

2. _____
(Corporation Name) (Document #)

3. WOI-14210 100004513941--6
(Corporation Name) (Document #) -09/14/01--01013--004
*****78.75 *****78.75

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time
☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ 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

01 SEP 14 AM 9:44

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WOL
9/14/

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 7, 2001

ARNOLD T. JOHNSON
12940 SW 185 TERRACE
MIAMI, FL 33177

SUBJECT: ATLANTIC COAST DEVELOPMENT CORP, LLC
Ref. Number: W01000018210

We have received your document for ATLANTIC COAST DEVELOPMENT CORP, LLC and your check(s) totaling \$46.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The minimum amount for this filing is \$125, as shown at the bottom of the form itself. When you correct and return the document, please also submit a check for \$78,75 (or more if you would like certification, which is optional).

The name of a limited liability company cannot include the word "Corp.," which refers to entities which are corporations.

Please sign the form at the bottom, where it is highlighted, and type or print the name of the signee below that.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 501A00045360

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 14 AM 9:44



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 7, 2001

ARNOLD T. JOHNSON
12940 SW 185 TERRACE
MIAMI, FL 33177

SUBJECT: ATLANTIC COAST DEVELOPMENT CORP, LLC
Ref. Number: W01000018210

We have received your document for ATLANTIC COAST DEVELOPMENT CORP, LLC and your check(s) totaling \$46.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The minimum amount for this filing is \$125, as shown at the bottom of the form itself. When you correct and return the document, please also submit a check for \$78.75 (or more if you would like certification, which is optional).

The name of a limited liability company cannot include the word "Corp.," which refers to entities which are corporations.

Please sign the form at the bottom, where it is highlighted, and type or print the name of the signee below that.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 501A00045360

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 14 AM 9:44

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATLANTIC COAST DEVELOPMENT, LLC
12940 SW 185 TERRACE, MIAMI, FL. 33177

ARTICLE II - Address:

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

12940 SW 185 TERRACE
MIAMI, FL. 33177

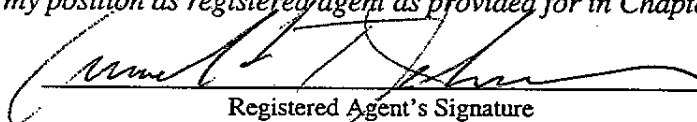
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARNOLD T. JOHNSON, 561 NW 8th Street, Florida City, Florida 33034

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

ARNOLD T. JOHNSON
_____ Name
561 NW 8th
_____ Florida street address (P.O. Box NOT acceptable)
Miami FL 33034
_____ 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.

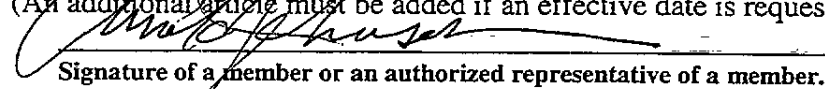


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

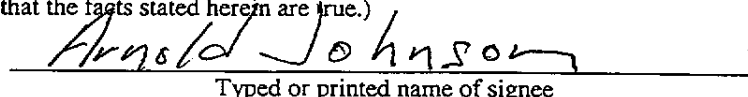
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(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.)



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)