

L020000 12405

Name: Vincent Genovese

Address: 1609 Ballantrae Blvd. North
Port St. Lucie, Fl 34952

Daytime # 772-337-7704

Cell # 772-485-0770

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****160.00 ****160.00

Sun Coast Builders

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02 MAY 20 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W02-13693
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 13, 2002

VINCENT GENOVESE
1609 BALLANTRAE BLVD. NORTH
PORT ST. LUCIE, FL 34952

SUBJECT: SUN COAST BUILDERS
Ref. Number: W02000013693

We have received your document for SUN COAST BUILDERS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 902A00030252

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sun Coast Builders, "LLC"

ARTICLE II - Address:

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

1609 BALLANTRAE Blvd. North
Port St. Lucie, FL 34952

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

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

Vincent GENOVESE
Name
1609 BALLANTRAE Blvd. No.
Florida street address (P.O. Box **NOT** acceptable)
Port St. Lucie FL 34952
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..

x Vincent Genovese
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)

x Vincent Genovese
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.)

Vincent GENOVESE
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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