

L03000024381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

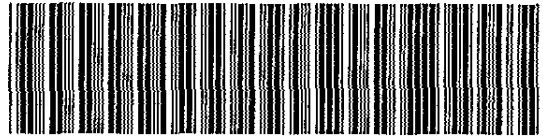
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03 JUL -3 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03 JUL -3 AM 10:35

REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 7-3-03 Kelly

☒ CERTIFIED COPY \_\_\_\_\_

\_\_\_\_\_ CUS \_\_\_\_\_

\_\_\_\_\_ PHOTO COPY \_\_\_\_\_

☒ FILING LLC

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JUL - 3  
PM 12:54  
TALLAHASSEE  
FLORIDA

1.) Water Walk at Coco Plum, LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Water Walk at Coco Plum, LLC

## ARTICLE II - Address:

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

355 Interstate Blvd.  
Sarasota, FL 34240

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

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

Vikki Cook  
Name  
355 Interstate Blvd.  
Florida street address (P.O. Box NOT acceptable)  
Sarasota FL 34240  
City, State, and Zip

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*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..*

*Vikki Cook*  
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)

*Vikki Cook*  
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.)

Vikki C. Cook  
Typed or printed name of signer

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 35.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)