L03000032555

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<i>⇒#</i>)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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08/11/03--01023--014 **100.00

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J. BRYAN AUG 2.9 2003

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUN COAST FSBO, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
STACY FUCHS (Name of Person)
SUNCOAST FSBO (Firm/Company)
2540 TOM MORRIS DRIVE (Address)
SARASOTA FL 34240 (City/State and Zip Code)
For further information concerning this matter, please call:
STACY FucHS at (S41) 379-8706 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 14, 2003

STACY FUCHS SUNCOAST FSBO 2540 TOM MORRIS DRIVE SARASOTA, FL 34240

SUBJECT: SUNCOAST FSBO, LLC

Ref. Number: W03000023141

We have received your document for SUNCOAST FSBO, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 603A00046361

Joey Bryan Document Specialist MINE CONTRACTOR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Su_n	JCOAST FSBO, LICERY
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company (s.
Principal Office Address:	Mailing Address:
2540 TOM MORRIS DRIVE SARASOTA, FL 34240	2540 TOM MORRIS DRIVE 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:

ARTICLE I - Name:

STACY FUCHS

Name

2540 Tom Morris OrivE

Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34240

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..

May Juch Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	STACY FUCHS 2540 TOM MORRIS DRIVE SARASOTA FL 34240 TOTAL
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with secti	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury

STACY FUCHS
Typed or printed name of signee

<u>Filing Fees:</u> \$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)

that the facts stated herein are true.)