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TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: FLORASOTA HOLDINGS, LLO	;		
(Name of Lin	nited Liability Cor	mpany)	<u> </u>
The enclosed Articles of Organization and fee(s) a Please return all correspon		ling. this matter to the following:	CONTRACTOR OF STATE O
James C. Wingo, Jr.			in the second
	(Name of Person))	
Florasota Holdings, LLC	-		
	(Firm/Company))	
2762 N. Oceanshore Blvd.			
	(Address)		
Flagler Beach, FL 32136			
(City/State and Zip C	Code)	
For further information concerning this matter, ple	ase call:		
James C. Wingo, Jr.	at <u>(_407</u>	568-1453	
(Name of Parson)	(Area C	ode & Daytime Telephone Number)	

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE WALL	1
THE SEE FLOOR TOWN	

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Flagler Beach

FLORASOTA HOLDINGS, LLC

ARTICLE II - Address:

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

ox 1344
r Beach, FL 32136
stered Agent's Signature: are:

FLORIDA 32136

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, Florida Statutes..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

ARTICLE IV- Manager(s) or Mana	aging Member(s):
The name and address of each Manage	er or Managing Member is as follows:
	1. Company (1) (1)
Title:	Name and Address:
"MGR" = Manager	in the second se
"MGRM" = Managing Member	
	nging Member(s): er or Managing Member is as follows: Name and Address:
MGRM	Kevin J. Orak
	95 Esperanto Dr.
	Palm Coast, FL
MGRM	Diane M. Orak
	95 Esperanto Dr.
	Palm Coast, FL
MGMR	James C. Wingo, Jr.
	2762 N. Oceanshore Blvd.
	Flagler Beach, FL 32136
MGMR	Debra L. Wingo
	2762 N. Oceanshore Blvd.
	Flagler Beach, FL 32136
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

James C. Wingo, Jr.

Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 2500 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 300 Certificate of Status (Optional)