

L 030000 47164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500024848925

11/20/93 -01075--001 \*+130.00

WR 11/24

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 20 PM 2:14

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TREASURE COAST ENTERPRISES, 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:

TIMOTHY J. YORK  
(Name of Person)

TREASURE COAST ENTERPRISES, LLC  
(Firm/Company)

1204 WHITE OAK LANE  
(Address)

FT. PIERCE, FL 34982  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 20 PM 2:14

For further information concerning this matter, please call:

TIMOTHY J YORK at ( 772 ) 466-1178  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TREASURE COAST ENTERPRISES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1204 WHITE OAK LANE

FT. PIERCE, FL 34982

**Mailing Address:**

1204 WHITE OAK LANE

FT. PIERCE, FL 34982

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

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

TIMOTHY J. YORK

Name

1204 WHITE OAK LANE

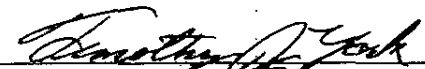
Florida street address (P.O. Box **NOT** acceptable)

FT. PIERCE

FLORIDA 34982

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, Florida Statutes..*

  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 20 PM 2:14

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

**Name and Address:**

MGR

TIMOTHY J. YORK

1204 WHITE OAK LANE

FT. PIERCE, FL 34982

MGR

CAROLINE YORK

1204 WHITE OAK LANE

FT. PIERCE, FL 34982

(Use attachment if necessary)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV 20 PM 2:14

**ARTICLE V- Effective date of LLC to be January 1, 2004**

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

**REQUIRED SIGNATURE:**

Sanctus of York

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.)

TIMOTHY J. YORK

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)**