

# L03000054502

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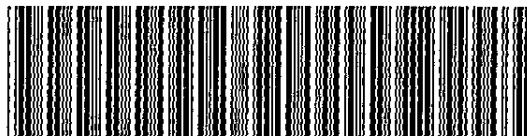
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DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATURE COAST PROPERTY MANAGEMENT, L.C.  
(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:

ROBERT W. EDWARDS  
(Name of Person)

NATURE COAST PROPERTY MANAGEMENT, L.C.  
(Firm/Company)

P.O. BOX 187

(Address)

SUWANNEE, FLA 32692  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT W. EDWARDS at (352) 542-7943  
(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

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NATURE COAST PROPERTY MANAGEMENT, L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

NATURE COAST PROPERTY MANAGEMENT, L.C.

NATURE COAST PROPERTY MANAGEMENT, L.C.

183 LEON

P.O. BOX 187

SUWANNEE, FLA 32692

SUWANNEE, FLA 32692

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

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

SAMUEL E EDWARDS

Name

516 W. CANAL

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

SUWANNEE FLORIDA 32692

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..

Samuel E Edwards

Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

SAMUEL E EDWARDS  
P.O. BOX 452  
SUWANNEE, FLA 32692

MGRM

ROBERT W EDWARDS  
P.O. BOX 147  
SUWANNEE, FLA 32692

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Samuel E Edwards  
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.)

SAMUEL E EDWARDS  
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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