

Division of Corporations

Page 1 of 1

L04000007325

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000018988 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : MICHAEL A. PYLE, P.A.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

RECEIVED
SECRETARY OF STATE
ALLAHSEE, J. OF INDIA

04 JAN 27 AM 9:13

RECEIVED
AND
FILED

LIMITED LIABILITY COMPANY

COQUINA RIDGE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

DIVISION OF CORPORATION

04 JAN 27 PM 4:40

RECEIVED

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)

F-2804

**ARTICLES OF ORGANIZATION
OF
COQUINA RIDGE, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **COQUINA RIDGE, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **27 S. Orchard Street, Suite B, Ormond Beach, FL 32174**.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

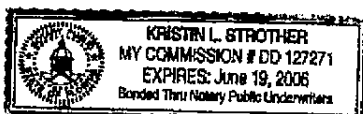
The name and Florida street address of the registered agent is **Michael A. Pyle, 1265 W. Granada Boulevard, Suite 1, Ormond Beach, Florida 32174**.


IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 27th day of January, 2004.


VINCE VISCOMI
Authorized Representative

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 27th day of January, 2004, by **VINCE VISCOMI** who ☒ is personally known to me, or ☐ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as Identification.




Notary Public
KRISTIN L. STROTHER
(Printed Name)
My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.



MICHAEL A. PYLE, Registered Agent

04 JAN 27 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED