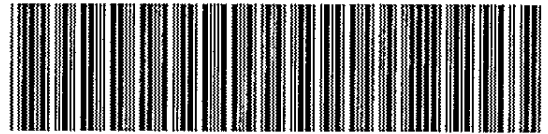


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04 FEB 19 PM 1:08

STATE  
TALLAHASSEE, FLORIDA



100025681851

02/19/04--01049--003 \*\*125.00

\_\_\_\_\_  
(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

Law Offices of  
**W. Bradley Munroe, P.A.**

The Cambridge Center • 239 East Virginia Street • Tallahassee, Florida 32301  
Phone (850) 222-7731 • FAX (850) 224-7528

W. Bradley Munroe

RECEIVED  
FEB 19 1:00  
STATE  
TALLAHASSEE  
Ron Childers, Paralegal/Investigator  
Marilyn D. Long, Legal Assistant/Office Manager

February 18, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Subject: Southern Coastal Enterprises of FL., L.L.C.**

Enclosed are an original and one (1) copy of the articles of incorporation and check for \$125.00 for filing fee and certificate of status for Southern Coastal Enterprises of FL., L.L.C.

Thank your for your assistance in this matter.

Sincerely,



Marilyn D. Long, Legal Assistant to:  
W. Bradley Munroe

W. Bradley Munroe, P.A.  
239 East Virginia Street  
Tallahassee, FL 32301  
850-222-7731

WBM:ml  
Enclosures

**TRANSMITTAL LETTER**

**FILED**  
04 FEB 19 PM 1:00  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHERN COASTAL ENTERPRISES OF FL., L.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:

W. BRADLEY MUNROE  
(Name of Person)

W. BRADLEY MUNROE, P.A.  
(Firm/Company)

239 East Virginia Street  
(Address)

Tallahassee, Florida 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

W. Bradley Munroe at ( 850 ) 222-7731  
(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

FILED

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
TALLAHASSEE, FLORIDA

04 FEB 19 PM 1:00

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Southern Coastal Enterprises of FL., L.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:**

Post Office Box 121

Post Office Box 121

Shalimar, Florida 32579

Shalimar, Florida 32579

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

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

W. Bradley Munroe

Name

239 East Virginia Street

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

Tallahassee, FLORIDA 32301

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

04 FEB 19 PM 1:00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

KEITH CLARK, SR.

Post Office Box 121

Shalimar, Florida 32579

(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.)

KEITH H. CLARK, SR.

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)