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(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:		

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DIVISION OF CORPORATIONS

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Left Coast Acquisitions, 446 (Name of Limited Liability Company)	_
(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:	
Volume of Person)	
(Name of Person)	
Left Coast Auguisitions, LLC (Firm/Company)	
(Firm/Company)	<del>_</del>
1113 Riviera Street	
(Address)	
(City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
John A. Williams at 941 412-3594  (Name of Person) (Area Code & Daytime Telephone Number)	1.40 SIA:0
(Name of Person) (Area Code & Daytime Telephone Number)	$\infty$
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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:	:
Left Coast Aug	cisitions, LLC
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1113 Riviera Street	1113 Riviera Street
Venice, FL 34285	1113 Riviera Street Venice, FL 34285
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	
John A.	W:11iam 5
	Pr-ma
///3 Rivier Florida street address (P.	O. Box NOT acceptable)
	1 95
City, State.	and Zip
ng been named as registered agent and to accept ser vany at the place designated in this certificate, I here	rvice of process for the above stated limited the limited area agent and the provisions of all statutes relating to the proper ar with and accept the obligations of my position as
Registered Agent	's Signature
Page 1 of	2
(CONTIN	

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	John A. Williams 1113 Rivier St. Venice, FL 34285
MGRM	A. Richard Tuss 4426 Garcia Ave. Socosota, FL 34233
(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 havein are true.)

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)

DIVISION OF CORPERATION

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