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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 13 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suncoast LLC
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter Mazeiko
(Name of Person)

(Firm/Company)

163 Easton Drive
(Address)

Port Charlotte, FL. 33952
(City/State and Zip Code)

For further information concerning this matter, please call:

Walter Mazeiko at (941) 661-9117
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
850 245-6051

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
850 245-6051

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Suncoast LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Walter Mazeiko	Walter Mazeiko
163 Easton Drive	163 Easton Dr.
Port Charlotte, FL 33952	Port Charlotte, FL 33952

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

WALTER MAZEIKO
Name

163 EASTON DR
Florida street address (P.O. Box NOT acceptable)

PORT CHARLOTTE, FLORIDA 33952
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.

Walter Mazeiko
Registered Agent's Signature

(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	Walter Mazeiko 163 Easton Drive Port Charlotte, FL 33952
"MGR"	Cathlene Roux 163 Easton Dr. Port Charlotte, FL. 33952

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Walter Mazeiko

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.)

Walter Mazeiko

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)