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PAGE 07

Division of Corporations

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

From:
Account Name : LAW OFFICE OF DANIEL C. PERRI
Account Number : I20040000119
Phone : (850) 651-3011
Fax Number : (850) 651-3306

LIMITED LIABILITY COMPANY

Coast Development of Gainesville, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION
COAST DEVELOPMENT OF GAINESVILLE, LLC

The undersigned subscriber, hereby forms a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 608 as follows:

ARTICLE I
NAME

The name of this limited liability company shall be COAST DEVELOPMENT OF GAINESVILLE, LLC.

ARTICLE II
DURATION

This limited liability company shall exist no longer than thirty (30) years from the date of filing with the Department of State.

ARTICLE III
PURPOSE AND POWERS

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608 mentioned above.

ARTICLE IV
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business of the limited liability company is at P.O. Box 90145, Gainesville, Florida 32607. The mailing address of the limited liability company is P.O. Box 90145, Gainesville, Florida 32607.

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ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this limited liability company is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579 and the name of the initial registered agent at that address is DANIEL C. PERRI.

ARTICLE VI
CAPITAL

The capital of the limited liability company that will be contributed shall be the sum of One Thousand Dollars (\$1,000.00).

ARTICLE VII
MANAGEMENT

The name and address of the sole manager of the limited liability company is as follows:

Lynn Farr
P.O. Box 90145
Gainesville, FL 32607

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

ARTICLE VIII
INITIAL MEMBERS

The name and address of the initial member of this limited liability company is as follows:

Lynn Farr
P.O. Box 90145
Gainesville, Florida 32607

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**ARTICLE IX
ADDITIONAL MEMBERS**

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

**ARTICLE X
DISSOLUTION**

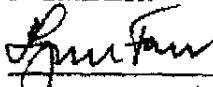
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

**ARTICLE XI
TRANSFER OF INTEREST**

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transferor from all remaining members.

IN WITNESS WHEREOF, the undersigned, being the member hereinbefore named, has hereunto set his hand and seal on this the 30th day of July, 2004, for the purpose of forming a limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

MEMBER:


Lynn Farr 7/30/04

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STATE OF ILLINOIS

COUNTY OF Argonne

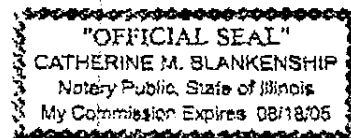
The foregoing instrument was executed and acknowledged before me this 20th day of July, 2004, by Lynn Farr, who personally appeared and who is personally known to me or who produced _____ as identification and who did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 20th day of July, 2004.

Catherine M. Blankenship

Notary Public

My commission expires:



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4
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**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, Florida Statutes, the following is submitted: COAST DEVELOPMENT OF GAINESVILLE, LLC, desiring to organize under the laws of the State of Florida with its principal place of business at P.O. Box 90145, Gainesville, Florida 32607, has named **Daniel C. Perri** as its agent to accept service of process within the State of Florida and whose address is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579.

MEMBER:


Lynn Farr

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.


DANIEL C. PERRI
Registered Agent

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