

L05000028289

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05 MAR 18 PM 1:21  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 9, 2005

JAMES L. COYNE  
24830 S. TAMiami TRAIL  
BONITA SPRINGS, FL 34134

SUBJECT: COYNE FLORIDA ENTERPRISES, LLC  
Ref. Number: W05000012211

We have received your document for COYNE FLORIDA ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 605A00016320

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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FILED

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COYNE FLORIDA ENTERPRISES, LLC  
(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:

JAMES L. COYNE  
(Name of Person)

COYNE FLORIDA ENTERPRISES, LLC  
(Firm/Company)

24830 S. TAMiami TRAIL  
(Address)

BONITA SPRINGS, FL 34134  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES L. COYNE at ( 610 ) 296-5900 x 118  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

**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

TALLAHASSEE, FLORIDA  
05 MAR 1998 PM 1:21

EIN 20-2397792

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COYNE FLORIDA ENTERPRISES, 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:**

24830 S. TAMiami TRAIL  
BONITA SPRINGS, FL  
34134

SAME

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

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

JAMES L. COYNE  
Name  
24830 S. TAMiami TRAIL, Ste 1000  
Florida street address (P.O. Box **NOT** acceptable)  
Bonita Springs FL 34134  
City, State, and Zip

05 MAR 18 PM 11:11  
TALLAHASSEE, FL

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, F.S.

James L. Coyne  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JAMES L. COYNE  
24830 S. TAMiami TRAIL SUITE 1000  
BONITA SPRINGS, FL 34134

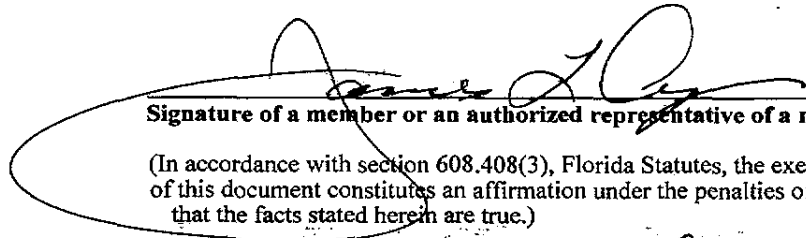
MGR

COYNE REALTY, INC.  
24830 S. TAMiami TRAIL SUITE 1000  
BONITA SPRINGS, FL 34134

(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.)  
JAMES L. COYNE  
Typed or printed name of signee

FILED  
05 MAR 18 PM 1:21  
STATE OF FLORIDA  
TALLAHASSEE

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)