# 

(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:		





ns/16/ns--01023--025 \*\*130.00



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ST. AUGUSTINE BUILDERS, LI (Name of Limited)	Liability Company)
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Robin H. Conner, Esq.	Jame of Person)
BEDSOLE AND CONNER	
(1	Firm/Company)
7.071.37	
7 Old Mission Avenue	(Address)
St. Augustine, FL 32084	State and Zip Code)
For further information concerning this matter, please	
Robin H. Conner, Esq. (Name of Person)	at (904)829-8611 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times\$\$ \$130.00 Filing Fee \$\tilde{\alpha}\$\$ Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION OF ST. AUGUSTINE BUILDERS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

#### **ARTICLE I - NAME**

The name of the limited liability company shall be ST. AUGUSTINE BUILDERS, LLC.

#### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the company is 108 Seawoods Drive, St. Augustine, FL 32080.

## ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are THOMAS E. COGHILL, JR., 108 Seawoods Drive, St. Augustine, FL 32080.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

THOMAS É. COGHILL, JR.

### **ARTICLE IV - MANAGEMENT**

The company shall be a manager-managed company. The name and address of the manager is: ST. AUGUSTINE DEVELOPMENT GROUP, LLC, 108 Seawoods Drive, St. Augustine, FL 32080.

IN WITNESS WHEREOF, the undersi	gned member or authorized representative has
made and subscribed these articles of organization	ation at St. Augustine, Florida, on 10 day of
May , 2005.	
<del></del>	
$\leftarrow \overline{\text{TH}}$	OMAS E. COGHILL, JR.
	rida Statutes, the execution of this document of perjury that the facts stated herein are true.)
STATE OF FLORIDA COUNTY OF ST. JOHNS	10
Sworn to and subscribed before me this THOMAS E. COGHILL, JR., who is identification.  Type of identification produced:	day of May , 2005 by personally known to me OR produced
ROBIN H. CONNER  Notary Public - State of Florida  My Commission Expires Jun 17, 2006	NOTARY PUBLIC: STATE OF FLORIDA
Commission 5 DD 107943 Bonded By National Notary Assn.	Robin H. Conner (Printed Name of Notary Public) Commission Expires: 06/17/06
	•

wk\rc\corp\St. Aug. Builders, LLC\art-org(jmw)

SECRETARY OF STATE TALLAHASSEE, FLORE