

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone

(212) 431-5000

Fax Number

: (212)431-1441

OS MAY (

## LIMITED LIABILITY COMPANY

## EAST COAST INVESTORS & REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ı <b>ė</b> :			
The name of the Li	nited Liability	Company is:		
EAST COAST INVES	TORS & REALT	YLLC		
ARTICLE II - Ad				
The mailing address	s and street add	ress of the principal	office of the Lin	nited Liability Company is:
Principal Office A	ddress:	Mail	ing Address:	
4550 US 1		4550 (	J8 1	
GRANT, FL 32949		GRAN	IT, FL 32949	
	_	t, Registered Office	,	Agent's Signature:
	WILLIAM CARP	_	·	
	TAILER OF C	Name	<del></del>	<del>-</del>
	4550 US 1			
•	F	lorida street address (P.	O. Box <u>NOT</u> accept	able)
	GRANT	FL_	32949	
		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, F.S..

Registered Agent's Signature

(CONTINUED)

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OS MAY 31 AM 10: 06

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

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

Title:	Name and Address:				
"MGR" = Manager					
"MGRM" = Managing Member					
MGRM	WILLIAM CARPENTER				
	4550 US 1				
	GRANT, FL 32949				
MGRM	JOHN CARPENTER				
	4550 US 1	·	_		
	GRANT, FL 32949		_		
		;			
			_		
			_		
		<u> </u>	_		
(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.)

WILLIAM CARPENTER

Typed or printed name of signee

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)

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