

L05000057082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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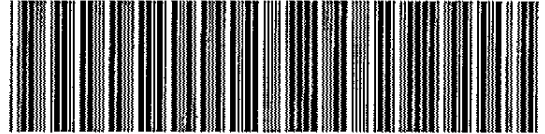
Project

Archived print

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Y. E. Miller

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06/02/05--01015--007 **130.00

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2005 JUN -2 P 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Coast Choppers, 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:

Peter A. Kessler

(Name of Person)

(Firm/Company)

1515 CR 210 W., Ste. 211A

(Address)

Jacksonville, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Kessler

(Name of Person)

at (904)

635-5558

(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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Arboretum Two, LLC

1515 CR 210 W., STE. 211-A
JACKSONVILLE, FL 32259

PHONE: (904) 635-5558
FAX: (904) 429-0247

June 1, 2005

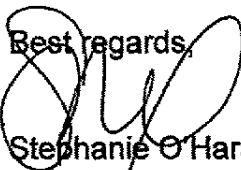
Registration Section
Division of Corporations

Re: Atlantic Coast Choppers, LLC
Fed-Ex Tracking No: 8512 9255 0832

Dear Sir or Madam:

Enclosed please find the articles of organization along with a check in the amount of \$130.00 for the referenced LLC. Please forward a copy to this address.

If you have any questions, please call (904) 635-5558. Thank you for your time and help.

Best regards,

Stephanie O'Hara
Assistant

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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:

Atlantic Coast Choppers, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1515 CR 210 W., Ste. 211A
Jacksonville, FL 32259

Mailing Address:

1515 CR 210 W., Ste. 211A
Jacksonville, FL 32259

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

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

Peter Kessler

Name

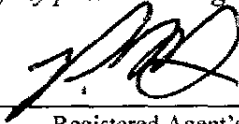
1515 CR 210 W., Ste. 211A

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32259

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 688, F.S.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(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

Peter A. Kessler

1515 CR 210, W., Ste. 211-A

Jacksonville, FL 32259

(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.)

Peter A. Kessler

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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TALLAHASSEE, FLORIDA