## L05000073674

(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:		
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SECRETARY OF STATE





ACCOUNT NO. : 072100000032 SHOW PARTY. REFERENCE : 507765 80457A **AUTHORIZATION:** COST LIMIT : \$ 125.00 ORDER DATE: July 27, 2005 ORDER TIME : 9:43 AM ORDER NO. : 507765-005 CUSTOMER NO: 80457A CUSTOMER: Cathy Hames Black, Sims, Burnett And Birch, L.l.p. 3rd Floor 501 North Grandview Avenue Daytona Beach, FL 32118 DOMESTIC FILING NAME: COQUINA DEVELOPMENT, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Carina L. Dunlap - EXT. 2951 EXAMINER'S INITIALS:

## SE TO THE SE TO ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:**

COQUINA DEVELOPMENT, LLC	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
501 N. Grandview Avenue	501 N. Grandview Avenue
Daytona Beach, FL 32118	Daytona Beach, FL 32118

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

Random R. Burnett Name 501 N. Grandview Avenue, 3rd Floor East Florida street address (P.O. Box NOT acceptable) Daytona Beach 32118 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..

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Random R. Burnett
	501 N. Grandview Avenue
	Daytona Beach, FL 32118
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:  Signature of a brember or	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)

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)

Random R. Burnett, Authorized Representative

Typed or printed name of signee