

L05000088519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

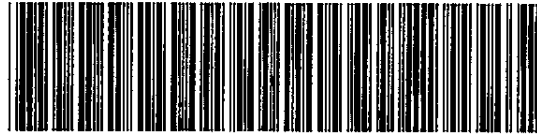
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE

09/06/05

05 08:33 PM 09/06/05

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2005 SEP - 6 AM 8:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

↓ BRYAN SEP 9 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FORGOTTEN COAST LAND COMPANY 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:

JUDY MILLER  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 6885

(Address)

SAN RAFAEL, CA 94903

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDY MILLER

(Name of Person)

at

415 446-7350

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORGOTTEN COAST LAND COMPANY 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:

454 LAS GALLINAS AVE #171  
SAN RAFAEL, CA 94903

PO Box 6885  
SAN RAFAEL, CA 94903

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

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

JUDITH MILLER

Name

1401 MAGNOLIA AVENUE

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

INDIALANTIC FL 32903

City, State, and Zip

EFFECTIVE DATE

09/06/05

*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..*

Judith Miller

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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

JUDY MILLER  
PO BOX 6885  
SAN RAFAEL, CA 94903

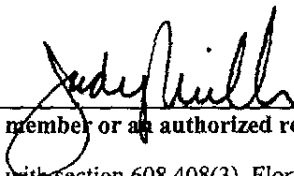
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(Use attachment if necessary)

**ARTICLE V. EFFECTIVE DATE OF SEPTEMBER 6, 2005.**

**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.)

JUDY MILLER  
\_\_\_\_\_  
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)**