

L05000108058

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000259512 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : PYLE & DELLINGER, PL.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -8 AM 10: 09

FILED

RECEIVED
05 NOV -8 AM 9: 55
DIVISION OF CORPORATION

M. Thomas NOV - 9 - 2005

LIMITED LIABILITY COMPANY

PBS COQUINA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION OF PBS COQUINA, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is **PBS Coquina, LLC**.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is **75 Black Hickory Way, Ormond Beach, Florida 32174**.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is **Kiran N. Patel, 136 Rose Bank Road, Daytona Beach, Florida 32114**.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 08 day of November, 2005.

Michael Bess
MICHAEL BESS
Kiran N. Patel
KIRAN N. PATEL

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 4th day of November, 2005, by **MICHAEL BESS** and **KIRAN N. PATEL** who are personally known to me, or who presented Florida drivers licenses or a _____ drivers license (or _____, as identification.



Kristin L. Osweiler
Notary Public
KRISTIN L. OSWEILER
(Printed Name)
My Commission Expires:

FILED
05 NOV - 8 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.



KIRAN N. PATEL, Registered Agent

FILED
05 NOV -8 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA