LD5000112150

(Requestor's Name)				
(Address)				
,				
(A.11)				
(Address)				
(City/State/Zip/Phone #)				
_ 17				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
1				
Certified Copies Certificates of Status				
•				
Special Instructions to Filing Officer:				

Office Use Only



100061389101

11/21/05--01012--021 **155.00

COVER LETTER

TO:	Registration Solvision of Co	ection orporations		-	
SUBJEC	ct: <u>5</u>	un Coast I (Name of Limite	Diagina, Ll d Liability Company)	_C	
The encl	osed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please re	eturn all corresp	oondence concerning this matte	er to the following:		
_		Frank	Name of Person)		
· _	SunCoast Digging, LLC				
_	137 Robin Road				
	,	20	(Address)		
		Monticella	/State and Zip Code)	<u> </u>	
For further information concerning this matter, please call:					
Fro	Name (Name	Se Car S e of Person)	at (950) 519 - (Area Code & Daytime To	HT02 elephone Number)	
Enclose	d is a check fo	or the following amount:			
1 \$125.0	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)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Sun Coast Diagina, LLI (Must end with the words "Limited Liability Company," Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Monticello, FL 32344	Manticello, FL 32344
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are: De. a.s.c. AHAS ARE ARE ARE ARE ARE ARE ARE A
137 Robin Florida street addr Monticella	ess (P.O. Box NOT acceptable) FL 32344 FL 32344 FL 32344
City, State, an	d 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 (REQUIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member Franklin Sears 137 Robin Road Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 12 1 05 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Franklin Sears
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)