

W5000122471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status

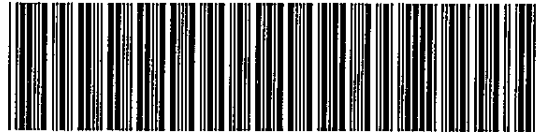
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05 DEC 22 AM 10:51
WILSON, ILLINOIS

LAW OFFICES

W. David Vaughn, P.A.

PLEASE REPLY TO:
JACKSONVILLE OFFICE

817 North Main St.
Jacksonville, FL 32202

Telephone (904) 475-1646 Telecopier (904) 475-1647

Nassau County Office:
87 S. Fletcher Ave.
Fernandina Beach, FL 32034
(904) 277-8121

Martindale-Hubbell Website:
www.dvaughnlaw.com
E-Mail:
dvduke@bellsouth.net

December 19, 2005

To: Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
(850) 245-6051

Subject: Appraising The First Coast LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.


Please return all correspondence concerning this matter to the following:

W. David Vaughn, Esquire
817 North Main Street
Jacksonville, Florida 32202

For further information concerning this matter, please call:

W. David Vaughn at (904) 475-1646

Enclosed is a check for the following amount: in the sum of \$160.00 for Filing Fee, Certificate of Status & Certified Copy.


W. David Vaughn

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APPRAISING THE FIRST COAST LLC

(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 principal office of the Limited Liability Company is:

Principal Office Address:

120 COASTAL OAK CIRCLE
PONTE VEDRA BEACH, FL 32087

Mailing Address:

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MIKE BARBARE

Name

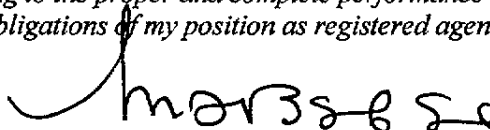
120 COASTAL OAK CIRCLE

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

JACKSONVILLE FL 32087

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..



Registered Agent's Signature (REQUIRED)

(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:

MIKE BARBARE (MGRM)

120 COASTAL OAK CIRCLE
PONTE VEDRA BEACH, FL 32087

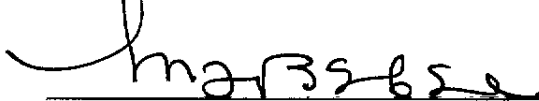
KEN WILLIAMS (MGRM)

120 COASTAL OAK CIRCLE
PONTE VEDRA BEACH, FL 32087

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

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.)

MIKE BARBARE

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)