## 106000003115

(Requestor's Name)
(Address)
( lauress)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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	Highla	nds Coastal Cons	tructi	ion I I	1.0	
SUBJECT	: Tigina	(Name of Limite				
The enclos	ad Articles of	Organization and fee(s) are s	a banist a i	l for filin.	a	
		ondence concerning this matter		•		
_			or to the	ionowing	·	
<u>S1</u>	epnen i	F. Sines	Name of	Person)	<del>-</del>	<u> </u>
Ы	ahlanda	S Coastal Constru	ıcticı	n II (	^	
<u> </u>	gillarius		Firm/Con			<del></del>
43	35 Krue	ger Parkway				
	<u> </u>		(Addre	ess)		
St	uart, F	L 34996				
		(City)	/State and	i Zip Code	:)	
For further	information (	concerning this matter, please	call:			
Stephe	n F. Sin	es	at (95	54	258-16	
	(Name	of Person)	1	(Area Cod	e & Daytime T	elephone Number)
Enclosed:	is a check fo	r the following amount:				
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	ied Copy	iling Fee & y 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		Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation building centive Center see, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:							
Highlands Coastal Construction, LLC  (Must end with the words "Limited Liability Company, "Limited Liability Company,"	ed Company" or their abbreviation "LLC," or "L.C.,")						
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:						
Principal Office Address:	Mailing Address:						
435 Krueger Parkway	435 Krueger Parkway						
Stuart, FL 34996	Stuart, FL 34996						
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)  The name and the Florida street address of the re  Stephen F. Sines	ered Agent. You must designate an individual or another						
Name							
435 Krueger Parkway							
Florida street address (P.O. Box NOT acceptable)  Stuart H 34996							
Stuart	FL 34996 5 5						
City, State, as	nd Zip						
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S						

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manaş "MGRM" = Mar		Name and Address:
MGRM		Stephen F. Sines
••••		435 Krueger Parkway
		Stuart, FL 34996
	_	
		. , , , , , , , , , , , , , , , , , , ,
Use attachment	if necessary)	
	data if athousthan the da	of Gines January 15, 2006 (OPTION
	date, if omer than the da sted, the date must be s	ate of filing: January 15, 2006 (OPTION pecific and cannot be more than five business d
LE V: Effective fective date is lis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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fective date is lis days after the d	ate of filing.)  GNATURE:  Signature of a member of	or an authorized representative of a member.
LE V: Effective fective date is lis days after the d	GNATURE:  Signature of a member of the control of t	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
fective date is lis days after the d	GNATURE:  Signature of a member of this document constitution.	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

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)