# 120600000129

| (Degreeted News)                        |              |             |  |  |  |  |
|---|--------------|-------------|--|--|--|--|
| (Requestor's Name)                      |              |             |  |  |  |  |
|   |              |             |  |  |  |  |
| (Address)                               |              |             |  |  |  |  |
|   |              |             |  |  |  |  |
| (Address)                               |              |             |  |  |  |  |
|   |              |             |  |  |  |  |
| (City/State/Zip/Phone #)                |              |             |  |  |  |  |
| _                                       | _            |             |  |  |  |  |
| PICK-UP                                 | MAIT         | MAIL        |  |  |  |  |
|   |              |             |  |  |  |  |
| (Business Entity Name)                  |              |             |  |  |  |  |
|   |              |             |  |  |  |  |
| (Document Number)                       |              |             |  |  |  |  |
|   |              |             |  |  |  |  |
| Certified Copies                        | Certificates | s of Status |  |  |  |  |
|   | _            |             |  |  |  |  |
|   |              | · · · · · · |  |  |  |  |
| Special Instructions to Filing Officer: |              |             |  |  |  |  |
|   |              | •           |  |  |  |  |
|   |              |             |  |  |  |  |
|   |              |             |  |  |  |  |
|   | ٠            |             |  |  |  |  |
|   |              |             |  |  |  |  |
|   |              |             |  |  |  |  |
|   |              |             |  |  |  |  |

Office Use Only



800075454708

06/01/06-01023-013 \*\*78.75

06/14/06--01003--001 \*\*46.25

06 JUN 13 PH 3: 53

OS JIIN 13 PH O. FO

WO6-25800

B. McKnight JUN 1 3 2006

# **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: Fig                              | st Coast H                    | lone 5           | solutions              | LLC                   |  |
|---|-------------------------------|------------------|------------------------|-----------------------|--|
| <del></del>                               | (PROPOSED COR                 | PORATE NAM       | IE – <u>MÜST INCLÜ</u> | DE SUFFIX)            |  |
| Enclosed are an ori                       | ginal and one (1) copy of the | he articles of i | ncornoration and a     | a check for           |  |
| Enclosed are all on                       |                               | ic arrioles of t | neor portation and t   | CHECK TOT.            |  |
| \$70.00                                   | \$78.75                       |                  | \$78.75                | \$87.50               |  |
| Filing Fee                                | Filing Fee                    | Fili             | ng Fee                 | Filing Fee,           |  |
|   | & Certificate of Status       | & C              | Certified Copy         | Certified Copy        |  |
|   |                               | i                |                        | & Certificate of      |  |
|   |                               | 4   1            | DITIONAL COI           | Status<br>OV DEOLUDED |  |
|   |                               | AD               | DITIONAL COI           | 1 REQUIRED            |  |
|   |                               |                  |                        |                       |  |
|   | _                             |                  |                        |                       |  |
| FROM:                                     | Kerin Anger                   | •                |                        |                       |  |
| FROM: Kevin Anger Name (Printed or typed) |                               |                  |                        |                       |  |
|   | 25011 (1                      |                  | 0                      |                       |  |
| 3584 Shrewsbury Dr<br>Address             |                               |                  |                        |                       |  |
|   |                               |                  |                        |                       |  |
|   | Jackson villa                 | e FL             | 32226                  |                       |  |
| Jackson ville FL 32226 City, State & Zip  |                               |                  |                        |                       |  |
| Co  |                               |                  |                        |                       |  |
| 904 233 2809                              |                               |                  |                        |                       |  |
| Daytime Telephone number                  |                               |                  |                        |                       |  |

NOTE: Please provide the original and one copy of the articles.



June 6, 2006

KEVIN AUGER 3584 SHREWSBURY DR JACKSONVILLE, FL 32226

SUBJECT: FIRST COAST HOME SOLUTIONS, L.L.C.

Ref. Number: W06000025800

We have received your document for FIRST COAST HOME SOLUTIONS, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$46.25.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 706A00038999

Becky McKnight Document Specialist New Filing Section

# **ARTICLES OF ORGANIZATION 5**

of

# First Coast Home Solutions, L.L.C.

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same my from time to time be amended (the "Act").

# **ARTICLE I**

# NAME

The name of the limited liability company (the "Company") is:

First Coast Home Solutions, L.L.C.

# **ARTICLE II**

#### **ADDRESS**

The initial mailing address of the Company is 3584 Shrewsbury Drive, Jacksonville, Florida, 32226. The initial street address of the principal office of the Company is 3584 Shrewsbury Drive, Jacksonville, FL 32226.

# **ARTICLE III**

# **REGISTERED AGENT**

The name and street address of the initial registered agent of the Company for service of process in the State of Florida is as follows:

Kevin Auger 3584 Shrewsbury Drive Jacksonville, FL 32226

# ARTICLE IV

# MANAGEMENT

The Company is to be a manager-managed Company.

06 JUN 13 PM 3:53

# **ARTICLE V**

# **OPERATING AGREEMENT**

The members shall have the power to adopt, alter, amend or repeal an operating agreement as contemplated by the Act (the "Operating Agreement"). The Operating Agreement adopted by the member(s) may be amended, repealed, or altered or a new Operating Agreement may be adopted, from time to time by the member(s).

# ARTICLE VI

# LIMITED LIABILITY

No member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being a Member of the Company has executed these Articles of Organization this 5th day of January, 2005.

First Coast Home Solutions, LLC

Kevin Auger

By: Kevin Auger

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

First Coast Home Solutions, LLC

2. The name and the Florida street address of the Registered Agent are:

Kevin Auger 3584 Shrewsbury Drive Jacksonville, FL 32226

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.

Signature of Registered Agent

Kevin Auger

06 JUN 13 PH 3: 5:

SECRETARY OF STATE
OTVISION OF CORPORATIONS