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SECRETARY OF STATE TALLAHASSEE, FLORIDA

06 JUN 28 PM 1:



COVER LETTER

Division of Co			
SUBJECT: SUN	COAST SURFACING	LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fec(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
GENE ASH	HMAN		
	(1	Name of Person)	
EUGENE [D. ASHMAN CPA		
	. (Firm/Company)	
1366 PINE	EHURST DRIVE		
- "		(Address)	
SPRING I	HILL, FL 34606		
	(City.	/State and Zip Code)	
For further information	concerning this matter, please	call:	
GENE ASHMAN		at (352) 666-555	7
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SUNCOAST SURFACING LLC (Must end with the words "Limited Liability Company, "Limited	l 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:
10299 WOODLAND WATERS BLVD	
WEEKI WACHEE, FL 34613	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
ROBERT B. MILLER Name	
10299 WOODLAND WATER Florida street addr	RS BLVD ress (P.O. Box <u>NOT</u> acceptable)
WEEKI WACHEE, City, State, ar	FL 34613 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	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE

APPROVED FILED

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 Mem	Name and Address:
MGRM	JAMES M. EDWARDS
	210 PHILLIPS PLACE
	ORLANDO, FL 32806
MGRM	ROBERT B. MILLER
	10299 WOODLAND WATERS BLVD
	WEEKI WACHEE, FL 34613
MGR	RODNEY L. STAMPER
	14601 GLENROCK RD
	SPRING HILL, FL 34610
	· · · · · · · · · · · · · · · · · · ·
MGR	JOHN D. CAMPBELL
	14601 GLENROCK RD
	SPRING HILL, FL 34610
	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p
REQUIRED SIGNATURE	Ε:
Signature o	Short 12 Mula of a member or an authorized representative of a member.
	nce with section 608.408(3), Florida Statutes, the execution iment constitutes an affirmation under the penalties of perjury

ROBERT B. MILLER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

