

L060000090246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

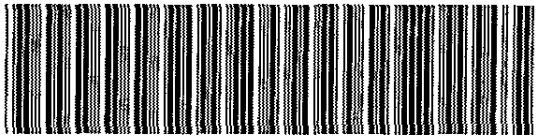
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400079131284

08/28/06--01042--022 **160.00

FILED
06 SEP 14 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W06-38391~~ msl



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2006

BEV LARSON
P.O. BOX 6248
FT MYERS BEACH, FL 33932-6248

SUBJECT: COCONUT POINT, LLC
Ref. Number: W06000038391

We have received your document for COCONUT POINT, LLC. However, the document has not been filed and is being returned for the following:

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER
OFFICE CLERK

Letter Number: 906A00053166

8-24-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCONUT POINT, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

BEV LARSON, MGR
(Name of Person)

P.O. Box 6248
(Firm/Company)
(Address)

J. MYERS BEACH, FL. 33932-6248
(City/State and Zip Code)

For further information concerning this matter, please call:

BEV LARSON at (239) 281-1290
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COCONUT POINT 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:

23190 FASHION DR.
#213-214-P
ESTERO, FL 33928

Mailing Address:

BEV LARSON/COCONUT POINT LLC
P.O. Box 6248
FT. MYERS BEACH, FL.
33932-6248

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:

BEV LARSON, MGRM
Name
16970-C SAN CARLOS BLVD # 288
Florida street address (P.O. Box **NOT** acceptable)
FT. MYERS FL 33908
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.

Bev Larson

Registered Agent's Signature (REQUIRED)

FILED
06 SEP 14 AM 10:28
SECRETARY OF STATE
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

MGRM

Name and Address:

BEV LARSON
P.O. Box 6248
J. MYERS BEACH, FL.
32932-6248

(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.)

BEV LARSON

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)