## LOCE 000 112-409

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## **COVER LETTER**

10.	Division of Corporations
SUBJE	CCT: Coastal Remodeling of Flagter Courty, (Name of Limited Liability Company) LLC,
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	(Name of Person)  M. +chell
•	(Firm/Company)
	400 S. Palmetto Ave. PER
	(Address)  ARE SON CANDRESS  (Address)  ARE SON COMPANY  (City/State and Zip Code)  (City/State and Zip Code)  The son Candress Code Code Code Code Code Code Code Code
•	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
7	(Name of Person) at (386) 252-3004 (Area Code & Daytime Telephone Number)
Enclos	red is a check for the following amount:
<b>\$</b> 125	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Coastal Rema	ode 1, ng of Flagter County Limited Company" or their abbreviation "LLC," or "L.C.,")
(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	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
30 Fairment Lane Palm Coast FL.	Palm Coast Fam 2
Palm Coast PC.	Palm Coast FITT

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: 3 (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mighter business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

> Jerone D. M. tchell Name Florida street address (P.O. Box NOT acceptable)
>
> Daytona Beach FL 32/14
>
> 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) Page 1 of 2

## 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 Defice Const File Only Const File Only Const File Name and Address: "Address: "Add

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:** 

(Use attachment if necessary)

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.)

Typed or printed name of signee Aget

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)