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2001 FEB 23 P 1: OU SECRETARY OF STATE ALLAHASSEE, FI ORIDA

## **COVER LETTER**

TO:	Registration Se Division of Co.			
SUBJI	ECT: FGC L	and, LLC	d Liability Company)	<del></del>
		(Name of Limite	d Liability Company)	
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Mark R Ste	eighner		
		(	Name of Person)	
	FGC Land,	LLC		
		(	Firm/Company)	
	1217 US F	lwy 19		2007 SEL
			(Address)	AHA FEB
•	Holiday, F	L 34691		3 23 P TARY OF ASSEE, FI
		(City	/State and Zip Code)	me T
For fur	ther information	concerning this matter, please	call:	P 1: 04 P STATE , FLORIDA
Mark	R Steighner	<u>r</u>	at ( 727 ) 937-555	56
	(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclos	sed is a check fo	r the following amount:		
\$125	5.00 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	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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:  Mailing Address:  Mailing Address:  Mailing Address:  1217 US Hwy 19  Holiday, FL 34691  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:  Mark R Steighner  Name  1217 US Hwy 19  Florida street address (P.O. Box NOT acceptable) Holiday, FL 34691  FL  City, State, and Zip	ARTICLE I - Name: The name of the Limited Liability Company is:			
Principal Office Address:  Mailing Address:  Mailing Address:  1217 US Hwy 19  Holiday, FL 34691  Mark R Steighner  Principal Office Address:  Mailing Address:  Mailing Address:  1217 US Hwy 19  Holiday, FL 34691  Holiday, FL 34691  Mark R Steighner  Name  1217 US Hwy 19  Florida street address (P.O. Box NOT acceptable)  Holiday, FL 34691		ed Company" or their abbreviation "LI	LC," or "L.C.,")	
1217 US Hwy 19		incipal office of the Limited	Liability Comp	any is:
Holiday, FL 34691  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:  Mark R Steighner  Name  1217 US Hwy 19  Florida street address (P.O. Box NOT acceptable)  Holiday, FL 34691  FL	Principal Office Address:	Mailing Address:		
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:    Mark R Steighner		<del></del>		
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Name  1217 US Hwy 19  Florida street address (P.O. Box NOT acceptable)  Holiday, FL 34691  FL	The Limited Liability Company cannot serve as its own Regisbusiness entity with an active Florida registration.)	tered Agent. You must designate an inc	dividual or another	
1217 US Hwy 19  Florida street address (P.O. Box NOT acceptable)  Holiday, FL 34691  FL	Mark R Steighner	egistered agent are:	TEB 2 CRETAI	
Florida street address (P.O. Box NOT acceptable)  Holiday, FL 34691  FL	Name		EE, α	
	**************************************		T T	
		•	I: 0 TATE DRID	Same.
	<del></del>	<del></del>	<i>→</i> .⊑ ·	

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	iber
MGRM	Florida Gulf Coast LLC
	1217 US Hwy 19
	Holiday, FL 34691
MGR	Mark R Steighner
	1217 US Hwy 19
	Holiday, FL 34691
(Use attachment if necessary	·)
	r than the date of filing: February 20th, 2007 . (OPTIONAL) te must be specific and cannot be more than five business days prior .)
REQUIRED SIGNATURE	G:
	WRSh
Signature o	f a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Mark R Steighner

Typed or printed name of signee