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(Business Entity Name)

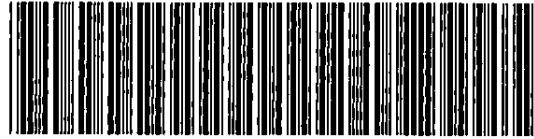
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Suncoast Meadows Profess

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ✓ \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by: *SW*

Name

Date *3/6*

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION**  
**FOR SUN COAST MEADOWS PROFESSIONAL CENTER, LLC**

**(A Florida Limited Liability company)**

The undersigned, by these Articles, hereby associate themselves for the purpose of forming a Limited Liability company under Chapter 608, Florida Statutes, and certify as follows:

**ARTICLE 1 - NAME/ADDRSSS**

The name of the Limited Liability Company is: SUNCOAST MEADOWS PROFESSIONAL CENTER LLC.

**ARTICLE 2 - ADDRESS**

The Principal Address for the LLC is 18936 N. Dale Mabry Highway, Lutz, FL 33558.

**ARTICLE 3-REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent and registered office is:

Kevin Howell, 18936 N. Dale Mabry Highway, Lutz, FL 33558.

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.

  
Kevin Howell, Registered Agent

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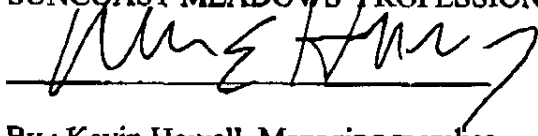
**ARTICLE 4-MANAGING MEMBER**

The sole managing member of this LLC is:

Kevin Howell  
33558.

18936 N. Dale Mabry Highway, Lutz, FL

SUNCOAST MEADOWS PROFESSIONAL CENTER LLC

A handwritten signature in black ink, appearing to read 'Kevin Howell', is written over a horizontal line.

By.: Kevin Howell, Managing member

In accordance with Section 608.408(3), Florida Statutes, the managing member understands that this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.