

LD7000035138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

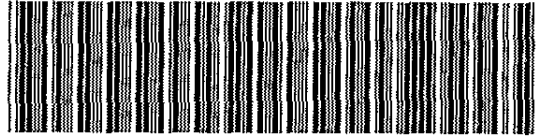
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

GBM

Office Use Only



900094765099

04/02/07--01035--023 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR -2 PM 3:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Investments #1 L.L.C
(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:

RAY SINGLER

(Name of Person)

ST. LUCIE BATTERY 3¹ TIRE

(Firm/Company)

5620 Orange Ave

(Address)

Ft. Pierce FL 34947

(City/State and Zip Code)

For further information concerning this matter, please call:

RAY SINGLER

(Name of Person)

at 772, 461-1746

(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:

TREASURE COAST INVESTMENTS #1 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:

Mailing Address:

5620 Orange Ave
FT. PIERCE FLA. 34947

SAME

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:

RAY SINGLER

9524 SHADOW LANE

(Florida street address (P.O. Box **NOT** acceptable))

Ft. Pierce FL 34951

(City, State, and Zip)

07 APR - 2 PM 3:11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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..

Ray Singler
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

Name and Address:

MGR

RAY SINGLER
5620 ORANGE AVE
FT. PIERCE FL 34947

MGRM

DOUG MILLER
5620 ORANGE AVE
FT. PIERCE FL 34947

MGRM

JOSEPH M. MILLER
5620 ORANGE AVE
FT. PIERCE FL 34947

N/A

N/A

(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 the filing date of this document.)

(Signature of Registered Agent)

Ray Singler

(In accordance with section 608.408(3), Florida Statutes, the execution

RAY DOUG SINGLER

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)