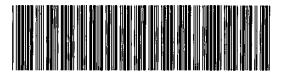
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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(20011000 <b>2</b> 7101, 1101110)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Harold Coxon Real Estate 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:	
Harold K. Coxon St. (Name of Person)	SECRE OF
Harold Coxon Real Estate, LLG	ION OF CORPORALIONS
(Firm/Company)  7. 320 Pine (Address)	Allons
(Address)	
Ortonville, MI 48462 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Harold K. Coxon at 586, 703-4795  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & 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  Street/Courier Address  Registration Section  Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:			
Harold Coxon R.	eal Estate LLC ty Company, "L.L.C.," or "LLC.")		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
7500 Park Pointe	1320 Pine		
7500 Park Pointe  # 20 Englewood, FL 34224	Octonville, MI 48462		
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 re	gistered agent are:		
Harold	K. Coxon 0 =		
Name	TS ISIN		
Harold K. Coxon  Name  3272 Boyette  Finite translation (BO By NOT more)			
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)		
Englewood City State as	FL 34224 PH 2: Ad Zip 2: Ad Zip		
·	ω <b>Ξ</b> 開		
Having been named as registered agent and to a	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as		
, , ,	is certificate, I hereby accept the appointment as  I further agree to comply with the provisions of all		
	formance 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			
	- · · · · · · · · · · · · · · · · · · ·		
Haraeo K (	Wn		
Registered Agent's Signature <sup>t</sup> (REQUIRED)			

## 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 | Harold W. Coxon | 320 Pinc | Corbanuille, ME | PR 2: 320 Pinc| | Corbanuille, ME | Coxon | 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.)

Harold K. Coxon
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)