

L08000053584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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MAY 30 2008

EXAMINER



300128277363

05/02/08--01039--014 \*\*130.00

*Reject / Name Unav.  
Sorry!*

*[Signature]*

*W08-23618*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAY -2 PM 2:59



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2008

RITA K SCOTT  
17 LISA LANE  
LAKE WORTH, FL 33463

SUBJECT: SUNCOAST MANAGERS LLC.  
Ref. Number: W08000023618

We have received your document for SUNCOAST MANAGERS LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 2, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 508A00030138

*March 25<sup>th</sup>*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNCOAST MANAGERS 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:

Rita K Scott  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

17 Lisa Lane  
(Address)

Lake Worth, FL 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rita Scott at ( 561 ) 596 6125  
(Name of Person) (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**

**SUNCOAST MANAGERS LLC**

**ARTICLE II**

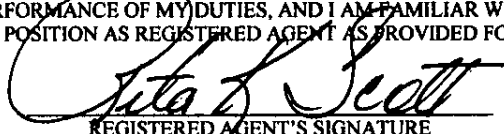
**ADDRESS FOR THE PRINCIPAL OFFICE  
17 LISA LANE  
LAKE WORTH, FL 33463**

**ARTICLE III**

**THE NAME AND REGISTERED AGENT ADDRESS IS:**

**RITA K. SCOTT, 17 LISA LANE, LAKE WORTH, FL 33463**

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

**ARTICLE IV**

**MGRM**

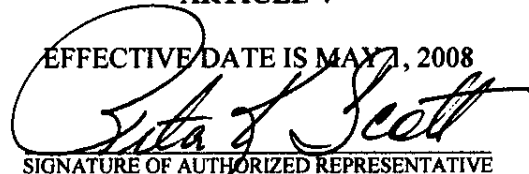
**DOUGLAS C. YOUNG, 17 LISA LANE,  
LAKE WORTH, FL 33463**

**MGR**

**RITA K. SCOTT, 17 LISA LANE,  
LAKE WORTH, FL 33463**

**ARTICLE V**

**EFFECTIVE DATE IS MAY 1, 2008**

  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

**RITA K. SCOTT  
PRINTED NAME OF SIGNED**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAY -2 PM 2:59**