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(Requ	estor's Name	)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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THE SECRETARY OF STATE

SECRETARY OF STATE

T. CLINE

JUN 26 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co					
<sub>SUBJECT:</sub> Apprai	sal & Tax Appeal	Center of	Pinellas, L	LC	
		ted Liability Con			
The enclosed Articles of	f Organization and fee(s) are	submitted for fil	ing.		
Please return all corresp	ondence concerning this ma	tter to the followi	ng:		
Nathan E	Coffin				
		(Name of Person)			
Appraisal	& Tax Appeal Ce	nter of Pine	ellas		
		(Firm/Company)			
P. O. Box	14712				
		(Address)	·		
Clearwate	r, Florida 33766				
· · · · · · · · · · · · · · · · · · ·	(Ci	ty/State and Zip Co	ode)		
For further information of	concerning this matter, pleas	e call:			
Nathan E Coffi	n	<sub>at (</sub> 727	, 953-347	74 SECRETAL AHAS	
(Name	of Person)		ode & Daytime Te	lephone Number)	12.22
Enclosed is a check fo	r the following amount:			<i>∽</i> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-
_	\$130.00 Filing Fee &	□\$155.00 Fil	ing Fee &	3\$160.00 Filing Fee.	
	Certificate of Status	Certified C (additional co	Copy opy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	<sup>™</sup>   <sub>7,30</sub> , <sub>49</sub> , 4, 24, 1
	Mailing Address Registration Section		Courier Address	I.	
	Division of Corporations	Divisio	ation Section on of Corporation	ıs	
	P.O. Box 6327 Taliahassee, FL 32314		Building xecutive Center	Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Appraisal & Tax Appeal Cente (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LL.C.")	<del></del>
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
2901 58th Avenue N	P. O. Box 14712	
St Petersburg, FL 33714	Clearwater, Florida 33766	
business entity with an active Florida registration.)	vn Registered Agent. You must designate an individual o	a anoniei
	of the registered agent are:	
business entity with an active Florida registration.)  The name and the Florida street address of	of the registered agent are:	
business entity with an active Florida registration.)  The name and the Florida street address of	of the registered agent are: Name	2888 JUN 25 SECRETARY TALLAHASSE
business entity with an active Florida registration.)  The name and the Florida street address of Nathan E Coffin  3349 Masters D	of the registered agent are: Name	2888 JUN 25 SECRETARY TALLAHASSE
business entity with an active Florida registration.)  The name and the Florida street address of Nathan E Coffin  3349 Masters D	Name  Prive  Treet address (P.O. Box NOT acceptable)	2888 JUN 25 AM II: I SECRETARY OF STAT
business entity with an active Florida registration.)  The name and the Florida street address of Nathan E Coffin  3349 Masters D  Florida st  Clearwater, Florida	Name  Prive  Treet address (P.O. Box NOT acceptable)	2808 JUN 25 AMI SECRETARY OF S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (RECUIDED)

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 Member				
MGR	Nathan E Coffin			
	3349 Masters Drive		_	
	Clearwater, Florida 33761		- -	
MGRM	Anne Marie Coffin			
***************************************	3290 Meta Court		-	
	Largo, Florida 33771		<b>-</b>	
MGRM	David A. Coffin			
MORIVI	3349 Masters Drive		-	
	Clearwater, Florida 33761		-	
	Cloud Water, 1 tolica Coro i		-	
			- -	
			-	
(1)		_		•
(Use attachment if necessary)	3	2	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ARTICLE V: Effective date, if other than the dat	te of filing:	<b>ઇ</b> ક્ષેત્ર	NAL)	6.01 (3 <b>00</b> )
(If an effective date is listed, the date must be sp	ecific and cannot be more than five bu	Siness	days p	rior."
to or 90 days after the date of filing.)		SSE	25	1
		m Q	-	
REQUIRED SIGNATURE:		ES.	A I	
RECORED SIGNATURE:			-	
$\mathcal{M}_{\mathcal{L}}$		æ. Orn	9	
fatle				
Signature of a member of	an authorized representative of a member.			
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)			
Nathan E Coffin	ı			
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)