

LD80000074368

(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:

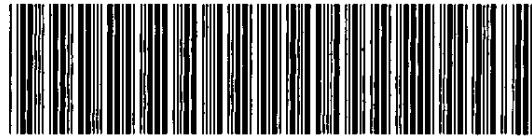
L. SELLERS

AUG - 4 2008

EXAMINER

~~_____~~

Office Use Only



700133288627

07/23/08--01013--025 **155.00

FILED
08 AUG - 1, PM 1:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST COAST INS. (North point)
(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:

John Melvin
(Name of Person)

John's palms
(Firm/Company)

P.O. Box 381
(Address)

Bunnell, FL. 32110
(City/State and Zip Code)

For further information concerning this matter, please call:

John Melvin at (386) 316-9086
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2008

JOHN MELVIN
P.O. BOX 381
BUNNELL, FL 32110

SUBJECT: EAST COAST INS. (NORTH POINT)
Ref. Number: W08000035036

We have received your document for EAST COAST INS. (NORTH POINT) and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The NAME of the LLC must be contained under Article I of the document.,

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 708A00043026

ARTICLES OF ORGANIZATION
OF
JOHN'S PALMS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be JOHN'S PALMS, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 403 S. Church Street, Bunnell, Florida 32110. The mailing address of the limited liability company is P.O. Box 381, Bunnell, Florida 32110.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida are:

John Melvin
403 S. Church Street
Bunnell, Florida 32110

ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

John Melvin
403 S. Church Street
Bunnell, Florida 32110

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be the date of filing.

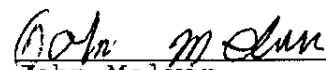
FILED
08 AUG - 1 PM 1:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI - PURPOSE

The purpose for which the company is formed is to provide landscaping services for profit.

Under penalties of perjury, and in accordance with section 608.408(3), Florida Statutes, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have signed my name this ____ day of August, 2008.



John Melvin

FILED

08 AUG - 1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


Under the provisions of F.S. 608.415 or 608.507, JOHN'S PALMS, LLC submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is JOHN 'S PALMS, LLC.

2. The name and address of the registered agent in Florida are:

John Melvin
403 S. Church Street
Bunnell, Florida 32110

The undersigned, being the person named in the articles of organization of JOHN'S PALMS, LLC as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.



John Melvin
Registered Agent

FILED
08 AUG - 1 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA