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Special Instructions to F	iling Officer:			

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**EXAMINER** 



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DIVISION OF CORPORATION

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	•				
SUBJECT: T. J. Eastcoast Development, LLC (Name of Limited Liability Company)					
(14ante of Linn	ted Liabinty Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:				
Torgny Billskoog					
	(Name of Person)				
Scandinavian Built, I					
	(Firm/Company)				
530 West 27 Street					
	(Address)				
Hialeah, Florida 33010					
(Ci	ty/State and Zip Code)				
For further information concerning this matter, pleas	e call:				
Torgny Billskoog at 305 888-0660					
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\times \text{Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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:

T. J. Eastcoast Developme (Must end with the words "Limited Liability		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company i	s:
Principal Office Address:	Mailing Address:	
530 West 27 street Hialeah Florida 33010	530 West 27 Street Hiałeah Florida 33010	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another	
The name and the Florida street address of the re  Anna Bills  Name	gistered agent are.	
15920 SW Florida street addr Palmetto Bay	ress (P.O. Box <u>NOT</u> acceptable)	
City, State, ar	<del></del>	
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limiteris certificate, I hereby accept the appointment as I further agree to comply with the provisions of a formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.	all

(CONTINUED) Page 1 of 2

ent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

	Title: "MGR" = Manag		Name and Address:
	"MGRM" = Man	•	
	MGRM		Torgny Billskoog
		<del></del>	15920 SW 77 Ave
			Palmetto Bay, FL 33157
	MGRM		Janis Dzedin
		<del></del>	530 West 27 Street
			Hialeah, FL 33010
		<del></del>	
	(Use attachment	if necessary)	
(If an		ted, the date must be sp	te of filing: August 1, 2008 . (OPTIONAL) pecific and cannot be more than five business days prior
	REQUIRED SIG	Olayon Va	r an authorized representative of a member.
			n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Torgny Billskoog

Typed or printed name of signee