

LD9000009883

(Requestor's Name)

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(City/State/Zip/Phone #)

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JAN 30 2009

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 JAN 29 AM 10:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Left Coast Properties 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:

WALTER JOHNSTON

(Name of Person)

Left Coast Properties LLC

(Firm/Company)

873 West Bay Dr #238

(Address)

Largo FL 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

Walter Johnston

(Name of Person)

at (727) 581 5240

(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 - Name:

The name of the Limited Liability Company is:

Left Coast Properties 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 principal office of the Limited Liability Company is:

Principal Office Address:

#238

873 West Bay Dr #238
Largo FL 33770

Mailing Address:

Left Coast Properties LLC
PO Box 1328
Largo FL 33779

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 registered agent are:

WALTER Johnston

Name

873 West Bay Dr

Florida street address (P.O. Box **NOT** acceptable)

Largo FL 33770

City, State, and Zip

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.

Walter Johnston

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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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

Name and Address:

MGRM

WALTER Johnston

PO Box 1328

Largo FL 33779

MGRM

James A. Stewart

~~6024~~ 1890 Southview Rd.

Largo FL 33770

MGRM

James Josey

535 Centry Dr

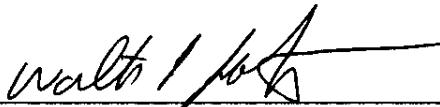
Largo FL 33771

(Use attachment if necessary)

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.)

WALTER Johnston

Typed or printed name of signer

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)