L09000081247

(Requ	uestor's Name)	
(Addı	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	•
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

B. KOHR

AUG 2 4 2009

EXAMINER



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SECONDIANSSEE FI ORINA

REFECTIVE DATE \$ 1 09

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Gulf Coast Prope Name of Limit	RTY Preservation LLC
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Josh	MCTWNS Name of Person
	Name of Person
ENIF COAST Prop	Perty Preservation 977
•	
3871 SE 7th	Place SILLY
3871 SE 7th	Place Address EFFECTIVE DATE 8/1/09
CAPE CORAL / FI	<u>Z</u> 33 904 y/State and Zip Code
Cit	y/State and Zip Code
iosh mainnis 250	for future annual report notification)
E-mail address: (to be used to	for future annual report notification)
For further information concerning this matter, please	e call:
JOSH MCINNIS	at (239) 425-7656
Name of Person	at (239) 425-7656 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 & \$160.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2009

JOSH MCINNIS 3871 S.E. 7TH PLACE CAPE CORAL, FL 33904

SUBJECT: SOUTH FLORIDA PROPERTY PRESERVATION LLC

Ref. Number: W09000036498

EFFECTIVE DATE 8/1/09

We have received your document for SOUTH FLORIDA PROPERTY PRESERVATION 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):

Please note that we have RETAINED your \$130.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 809A00027470

EFFECTIVE DATE S/1/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	19 MIG
Gulf Coast Prope (Must end with the words "Limited	Preservation LLC Liability Company, "L.L.C.," or "LLC.")	TAKE TO BE
ARTICLE II - Address: The mailing address and street address of t		Control Co
Principal Office Address:	Mailing Address:	**************************************
3871 SE 7th Place CAPE CORAL, FL 33904	S&TI SE 7th Place CAPE CORAC, FL 3	<u> </u>

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:

JOSH MCINNIS
Name
3871 SE 7th Place
Florida street address (P.O. Box NOT acceptable)
CAPE CORAL FL 33904
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:
MGR		JOSH MCINNIS 3871 SE 7th Place Cape Coraz, FL 33904
MGR		POBERT RUCK 1219 SW 12+h TERR CAPE CORAL, FL 3399/
	<u>. </u>	
	date, if other than the dated, the date must be s	ate of filing: 8/1/09. (OPTIONA pecific and cannot be more than five business days
REQUIRED SIG	Sash	mel
	(In accordance with section of this document constitute that the facts stated herein	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of the san affirmation under the penalties of perjury on are true.) Example dorprinted name of signee
Filing Fees:	. Typed	a or printed name of signee
of Regi \$ 30.00 Certifie	ee for Articles of Organiz stered Agent d Copy (Optional) ate of Status (Optional)	zation and Designation