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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

FILED

COVER LETTER

	ision of Corporations				
SUBJECT: COCONUT TRANSPORTATION					
	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:				
	Joe Prigun Name of Person				
	Name of reson				
Coconut Transportation Firm/Company PO Box 6133					
					Address
					Fort Myers Beach FL 33932
	City/State and Zip Code				
+	joeprigun@gmail.com E-mail address: (to be used for future annual report notification)				
For further in	nformation concerning this matter, please call:				
	Joe Prigun at (239) 765-1111				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is	a check for the following amount:				
∑\$ 125.00 Fi	ling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}}\$\text{155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{Certified Copy (additional copy is enclosed)}}\$				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Coconut Transpo	rtation, LLC	
(Must end with the words "Limited Liabi	lity Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
201 Primo Dr	PO Box 6133	
Fort Myers Beach FL 33931	Fort Myers Beach FL 33932	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the information of	stered Agent. You must designate an individual or another	
Joe Pr		
Name	······································	
201 Prir	no Dr	
Florida street address (P.O. Box NOT acceptable)		
Fort Myers Beach 33931	1 _{FL}	
City, State, a	und Zip	
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

10 FEB -8 PM 2: 49
SECRETARY OF STATE

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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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Joe Prigun
	201 Primo Dr
	Fort Myers Beach FL 33931
441.00 Marie 194. 194. 194. 194. 194. 194. 194. 194.	
	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a file	mber or an authorized representative of a member.
(In accordance with of this document of that the facts stated	n section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury I herein are true.)
	Joe Prigun
	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of O of Registered Agent	rganization and Designation

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)