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ACCRETATY OF STATE

ACCAHASSEF, FIRBLE

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2010

KERSTIN HEINEMANN 2924 SW 5TH AVENUE CAPE CORAL, FL 33914

SUBJECT: FLORIDA COASTAL HOMES, LLC

Ref. Number: W10000012381

10 MAR 22 AM 9: 42

We have received your document for FLORIDA COASTAL HOMES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 810A00006075

COVER LETTER

то:	Registration S Division of Co							
SUBJI	ECT: SW Flo	rida Coastal Homes, LL Name of Limit		mpany				
			·					
The en	closed Articles o	of Organization and fee(s) are	submitted for f	iling.				
Please	return all corresi	pondence concerning this matt	er to the follow	ring:				
		,		0				
	Kerstin Heine	emann		······································	_,		_	
			Name of Person	l				
	SW Florida C	Coastal Homes, LLC						
	<u> </u>		Firm/Company			E _o ,	=	
							10 MAR	n a v
	2924 SW 5th	Avenue	Address	 			_ _	, ,
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	heinemann.m	ail@freenet.de				STATE	7	
		E-mail address: (to be used f	or future annual	report notification	on)	D		
For fur	ther information	concerning this matter, please	call:					
Kersti	in Heinemann	1	_ at (_239	772-28	93			
		of Person		/	Telephone Number	Γ		
Enclos	sed is a check for	or the following amount:						
☑\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified (additional) Certified	of Status		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Additation Section ion of Corporation Building Executive Centrassee, FL 3230	ress tions ter Circle		•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
SW Florida Coastal Homes, LLC	.
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2924 SW 5th Avenue	PO Box 150013
Cape Coral, FL 33914	Cape Coral, FL 33915
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address.	ss of the registered agent are:
Kerstin Heinemar	nn A
	Name SSR 22
2924 SW 5th Ave	JIII T
Florid	la street address (P.O. Box NOT acceptable)
Cape Coral	FL 33914 Sign State, and Zip 99
	City, State, and Zip
liability company at the place desig	nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as

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

EFFECTIVE DATE 110

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" = Manager	Name and Address:
"MGRM" = Managing Men	nber
MGRM	Kerstin Heinemann
	2924 SW 5th Avenue
	Cape Coral, FL 33914
MGRM	Andreas W. Heinemann
	2924 SW 5th Avenue
	Cape Coral, FL 33914
	
	
•	
(Use attachment if necessary	y)
ARTICLE V: Effective date, if othe (If an effective date is listed, the date or 90 days after the date of filing	ter than the date of filing: 4-1-2010 (OPTIONAL) te must be specific and cannot be more than five business days prior (.)
REQUIRED SIGNATURE	E:
<u>.</u> K.	18 he he

Kerstin Heinemann

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)