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**EXAMINER** 



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DEPACTHEN OF STATE VISION OF CORPORATIO TALL AMASSEF, FLORID

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SECRETARY OF STATE
ALLAHASSAFE FINANT

# **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: FORGOTTEN COAST Name of Limit	FIRE ARTYS THSTRUCTION LLC. ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
GEORGE N. STARK	Name of Person
FORGOTTEN COAST	FIREARMS TNOTALLETIBLE Firm/Company
44 RICHLAND ROW	Address
CRAWFORDVILLE	FL 32327
3tankey a tropiculo	for future annual report notification)
For further information concerning this matter, please	e call:
GEORGE STARKEY Name of Person	at (850) 421-5483  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$\sum \text{Status}\$ Status	\$155.00 Filing Fee & S160.00 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:

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

# **Principal Office Address:**

## **Mailing Address:**

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:

EHLAND ROAD
Florida street address (P.O. Box NOT acceptable)

CRAWFORDVILLE FL 32327
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..

(CONTINUED)

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

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

"MGRM" = Managing Member	C'ONNE O I STANKELL
mgrm	GEORGE N. STARKEY 44 RICHLAND ROAD CRAWFORDVILLE, FL 32327
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	e date of filing: 2/17/11 (OPTIONA) oe specific and cannot be more than five business days

# **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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

GEORGE N. STARKEY

Typed or printed name of signee

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)