

L 110000090700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

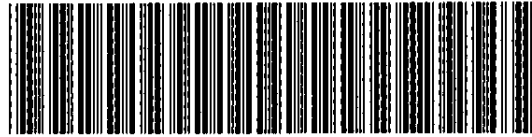
Special Instructions to Filing Officer:

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B. KOHR

AUG 8 2011

EXAMINER



700210265407

08/08/11--01008--011 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 AUG -8 AM 11:07
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -8 PM 2:00

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -8 PM 2:01

CONTACT: KATIE WONSCH

DATE: 08/08/2011

REF. #: 000174.152409

CORP. NAME: COYNE'S PIER 28, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 5958 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

COYNE'S PIER 28, LLC,
a Florida limited liability company

FILED STATE
SECRETARY OF CORPORATIONS
11 AUG -8 PM 2:01

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

COYNE'S PIER 28, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

6118 Turnbury Park Drive
Unit #11102
Sarasota, Florida 34243

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Sandra Lynn Coyne
6118 Turnbury Park Drive
Unit #11102
Sarasota, Florida 34243

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
3 day of August, 2011.

WITNESSES:

Debra L. Green
Print Name Debra L. Green

Joanie Ward
Print Name Joanie Ward

Debra L. Green
Print Name Debra L. Green

Joanie Ward
Print Name Joanie Ward

Sandra Lynn Coyne
Sandra Lynn Coyne

Vincent Ronald Coyne
Vincent Ronald Coyne

"MANAGERS"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

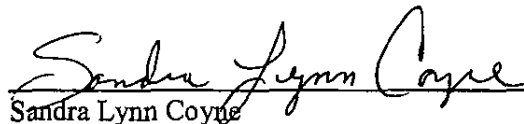
COYNE'S PIER 28, LLC

2. The name and the Florida street address of the registered agent are:

Sandra Lynn Coyne
6118 Turnbury Park Drive
Unit #11102
Sarasota, Florida 34243

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 8-3-2011


Sandra Lynn Coyne

"REGISTERED AGENT"