

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000275403 3)))



H110002754033ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : ROCKE MCLEAN & SBAR  
Account Number : I20080000020  
Phone : (813) 769-5600  
Fax Number : (813) 769-5601

FILED  
11 NOV 21 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: menke@menkecompany.com

RECEIVED  
11 NOV 21 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
SUNCOAST PLAZA II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

K. SALLY  
EXAMINER  
NOV 22 2011

Electronic Filing Menu

Corporate Filing Menu

Help

H11000275403 3

**ARTICLES OF ORGANIZATION  
OF  
SUNCOAST PLAZA II, LLC**

FILED  
11 NOV 21 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby certifies that the Members have set forth the following for the purpose of becoming a Limited Liability Company under Florida Statutes Chapter 608, providing for the formation, rights, privileges, and immunities of limited liability companies for profit and the following Articles of Organization are hereby adopted.

**ARTICLE I.  
NAME**

The name of the Limited Liability Company shall be SUNCOAST PLAZA II, LLC

**ARTICLE II.  
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually and shall become effective on the day that these articles are filed and accepted by the Secretary of State, Division of Corporations, State of Florida.

**ARTICLE III.  
ADDRESS; PRINCIPAL OFFICE**

The mailing address of the Limited Liability Company shall be P.O. Box 49437, Sarasota, Florida 34230 and the street address of the principal office shall be 1718 Main Street, Suite 303, Sarasota, Florida 34236.

**ARTICLE IV.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 2309 S. MacDill Avenue, Tampa, Florida 33629 and the name of its initial registered agent at such address is Robert McLean, Esquire.

**ARTICLE V.  
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the state of Florida.


**ARTICLE VI.  
MANAGEMENT**

The Limited Liability Company will be manager managed.

H11000275403 3

H11000275403 3

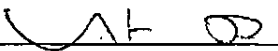
Executed by the undersigned, an authorized agent of the Members on November 21, 2011.

  
Robert McLean, Esquire

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
ACKNOWLEDGMENT OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for SUNCOAST PLAZA II, LLC 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, Florida Statutes.

DATED this 21 day of November, 2011.

  
Robert McLean, Esquire