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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2012 FEB 17 AMII: 49
SECRETARY OF STATE

J. BRYAN
FEB 20.2012
EXAMINER

## **COVER LETTER**

TO:		ion Section of Corporations		
SUB	JECT:	Gulf Coust Spanne of Limite	ecialities II / d Liability Company	LLC
The e	nclosed Articl	les of Organization and fee(s) are s	ubmitted for filing.	
Please	e return all con	rrespondence concerning this matte	er to the following:	
	<del></del>	Jeremy M	ODYC Name of Person	
		Bulf Coust Sper	ialities II U	<del>- +5 B</del> -
	7465	Worth Pala fox	Street	LECRETAL PROPERTY OF THE PROPE
	Pens	sacda, FL 3250	Address  3  (State and Zin Code	SEE. FL. SATE
	Ma	Sacda, FL 3250 City Pore 157 Damei E-mail address: (to boused for	r future annual report notification)	IDA G
For fu		tion concerning this matter, please		
$\overline{\underline{\Box}}$	ereiny l	Moore ame of Person	at (850) 478- Area Code & Daytime Tele	phone Number
Fincle	osed is a chec	ck for the following amount:		
<b>\$</b> 125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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	Street/Courier Address Registration Section Division of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:
Gulf Coast Socialities II LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
7465 North Palafox Street Po Box 10038 Pensacola, FL 32503 Pensacola, FL 32524
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:
Teremy More  Name  7465 North Photox Street  Florida street address (P.O. Box NOT acceptable)  Pers acol G FL 32503  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
Registered Agent's Signature (REQUIRED)
(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE** 

Signature of a member of 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.)

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)