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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 24 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THE CORAL ROS	SE LLC	
	of Limited Liability Company	
The enclosed Articles of Organization and for	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
TERRI HEWITT		
	Name of Person	_
C-21 SUNDANCE RI	EALTY	
	Firm/Company	_
1794 OCEAN SHORE	E BLVD.	
	Address	_
ORMOND BEACH, FLA	i. 32176	. s =
DAVTONALIOMERINDED	City/State and Zip Code	3 5 -
DAYTONAHOMEFINDER E-mail address: (to	be used for future annual report notification)	-
For further information concerning this matt		
TERRI HEWITT		-
Name of Person	at (386) 441-6433	\$
Enclosed is a check for the following am	ount:	
\$125.00 Filing Fee \$130.00 Filing F Certificate of S		
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	orations Division of Corporations Clifton Building	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

THE CORAL ROSE 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:
1794 OCEAN SHORE BLVD.	1794 OCEAN SHORE BLVD.
ORMOND BEACH, FLA. 32176	ORMOND BEACH, FLA. 32176
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	SECRETAR: SECRETAR:
TERRI HEWITT	TARY JASSE
Name	SEY O

1794 OCEAN SHORE BLVD.

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

ORMOND BEACH

321/6

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
mgrm	K. Burson c/o C-21 Sundance - 1794 Ocean Shore Blvd. Ormond Beach, Fla. 32176	
mgrm	K. Fiore	
	c/o - C-21 Sundance - 1794 Ocean Shore Bryd, Ormond Beach, Fla. 32176	2012 J
	SSR S	JUL 23
	Lofa	平 84 亿
		40
(TT () 1 (°C)		
(Use attachment if necessary)		
LE V: Effective date, if other that ffective date is listed, the date m	an the date of filing: (OPTION ust be specific and cannot be more than five business da	
LE V: Effective date, if other that ffective date is listed, the date m		
CLE V: Effective date, if other that fective date is listed, the date medians days after the date of filing.)		

(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.)

K. BURSON

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)