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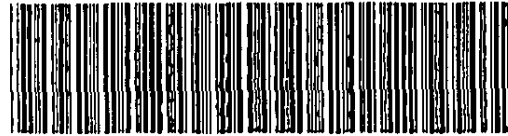
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 30 12 16 33 PM 4:33
TALLAHASSEE, FLORIDA

AUG 31 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PLATINUM COAST CONSULTING ASS. LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MR. NICHOLAS FERRER
Name of Person

Firm/Company

Address

21947 CELLINI AVENUE, PORT CHARLOTTE, FL 33952
City/State and Zip Code
nferrer8442@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS FERRER at (941) 421-6849
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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
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:

THE PLATINUM COAST CONSULTING ASSOCIATES "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:

21947 Cellini Avenue
PORT CHARLOTTE
FLORIDA, 33952

Mailing Address:

21947 Cellini Avenue
PORT CHARLOTTE
FLORIDA, 33952

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:

Manuel M. Solis
Name

23154 Macdellan Ave
Florida street address (P.O. Box **NOT** acceptable)

Port charlotte FL 33980
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..

(X) [Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
12 AUG 30 AM 10:33

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR M

MRS. NINA T. ADAMS FERRER
3560 OGDEN MILL ROAD
BUFFORD, GA. 30519

MGR M

NICHOLAS FERRER
21947 CELLINI AVENUE
PORT CHARLOTTE, FL. 33952

MGR M

MRS. NICOLE FERRER MORENO
20 JEFFERSON ST. #25
HACKENSACK, NJ 07601

MGR M

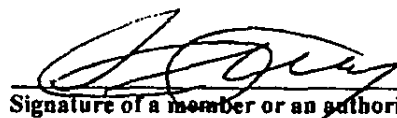
MRS. MIRNA D. FERRER
21947 CELLINI AVENUE
PORT CHARLOTTE, FL. 33952

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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.)

NICHOLAS FERRER

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)

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015159601

DATE ISSUED: November 5, 2015

DECEDENT INFORMATION

STATE FILE DATE: November 3, 2015

NAME: NICHOLAS FERRER

DATE OF DEATH: October 29, 2015

SEX: MALE

AGE: 088 YEARS

DATE OF BIRTH: December 6, 1926

SSN: 125-24-5503

BIRTHPLACE: LOIZA ALDER, PUERTO RICO

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: BAYFRONT HEALTH PORT CHARLOTTE

LOCATION OF DEATH: PORT CHARLOTTE, CHARLOTTE COUNTY, 33952

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): MIRNA RODRIGUEZ

RESIDENCE: 4022 BEAVER LANE APT NO. 900 D, PORT CHARLOTTE, FLORIDA 33952, UNITED STATES

COUNTY: CHARLOTTE

OCCUPATION, INDUSTRY: COUNSELOR, HEALTHCARE

RACE: ☐ White ☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☒ Other: PUERTO RICAN☐ Unknown

HISPANIC OR HAITIAN ORIGIN? YES, PUERTO RICAN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: VALENTIN FERRER

MOTHER: NIEVES CEPEDA

INFORMANT: MIRNA FERRER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 4022 BEAVER LANE APT NO. 900 D, PORT CHARLOTTE, FLORIDA 33952, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: RESTLAWN MEMORIAL GARDENS
PORT CHARLOTTE, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: LOUIS BEARD, F081668

FUNERAL FACILITY: KAYS-PONGER & USELTON FUNERAL HOME-PORT CHARLOTTE F039943
2405 HARBOR BLVD, PORT CHARLOTTE, FLORIDA 33952

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1346

CERTIFIER'S NAME: ROBERT LESLIE KLEIN

CERTIFIER'S LICENSE NUMBER: ME87441

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:

State Registrar

REQ: 2016461376

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

