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2012 OCT -1 AH IO: 20
INCLAHASSEE FLORIDA

J. SAULSBERRY EXAMINER

OCT 3 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coyle & Capon 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:
SALLY E. Coyle Name of Person
Coyle à Cafon LLC
452 N. PHELPS AVE.
WINTER PAPIL, FL 32789
Scoyle e Coyle Caron, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sally E. Coyle at 407 603-7039 Name of Person Area Code & Daytime Telephone Number 2007 2007 2007 2007 2007 2007 2007 200
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate Opy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

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:

COYLE & CAPON 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:
452 N. PHELPS AVE. WINTER PARK, FL	452 N. PHELPS AVE WINTER PAPE FL
WINTER PARK, FL	WINTER PARK FL
82789	32189
	

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:

SALLY E. COYLE

Name

452 N. PHELPS AVE.

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

WINTER PAPK FL 32789

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er
MGR	BALLY E. COYLE 452 N. PHELPS AVE WINTER PAPE, EL 32789
Marm	QUENTIN CAPON 452N. PHELES AVE. WINTER PARK, FL 32789
(Use attachment if necessary)	
n effective date is listed, the date	than the date of filing: 1 COPTIONAL) must be specific and cannot be more than five business days prior
n effective date is listed, the date 90 days after the date of filing.)	must be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	AHE E

(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 the Departmen 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.)

Sauce E. Coyle

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

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)