

L14/0000018258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

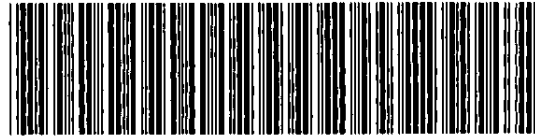
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/31/14--01002--007 **125.00

TO THE SECRETARY
SUPPORT DIVISION

2014 JAN 30 PM 4:28

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FILED
14 JAN 30 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 FEB - 3 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 01/30/14

REF. #: 9035788

CORP. NAME: GULF COAST DEVELOPMENT & SERVICES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 700/4219 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2014

CORPDIRECT AGENTS, INC.
ATTN: KIM WEIDENBACH

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
1/30/14

SUBJECT: GULF COAST DEVELOPMENT & SERVICES, LLC
Ref. Number: W14000006540

We have received your document for GULF COAST DEVELOPMENT & SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : GULF COAST DEVELOPMENT SERVICE, INC., document number P07000056539.

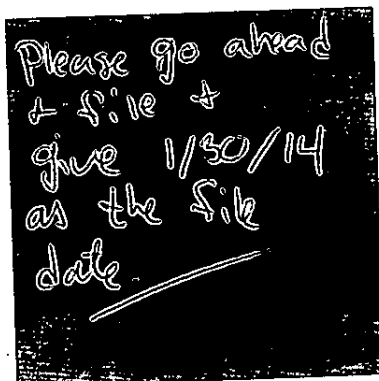
You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 614A00002205



PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

www.sunbiz.org

ARTICLES OF ORGANIZATION
OF
GULF COAST DEVELOPMENT & SERVICES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name. The name of the Limited Liability Company is:

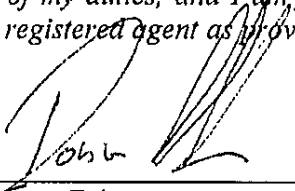
Gulf Coast Development & Services, LLC
2. Principal Office. The principal office of the Limited Liability Company is:

1718 Main Street, Suite 200A
Sarasota, FL 34236
3. Mailing Address. The mailing address of the Limited Liability Company is:

1718 Main Street, Suite 200A
Sarasota, FL 34236
4. Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are:

Roman Eckert
1718 Main Street, Suite 200A
Sarasota, FL 34236

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 obligation of my position as registered agent as provide for in Chapter 605, F.S.



Roman Eckert

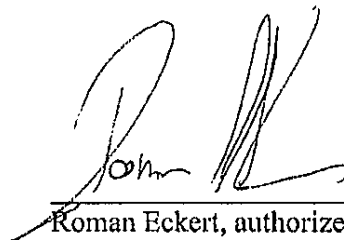
5. Members Authorized to Manage. The names and addresses of the Members authorized to manage and control the company are:

Vivre Invest, LLC, a Florida limited liability company
1718 Main Street, Suite 200A
Sarasota, FL 34236

Marek Stangl
13495 Villa Di Preserve Ln.
Estero, FL 33928

In accordance with Section 605.0203(1)(b), 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.

Dated this 30 day of January, 2014.



Roman Eckert, authorized representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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