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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	ECT: <u>SUN COAST TRAILER MANUF</u> Name of Li	ACTURERS, LLC mited Liability Company		
The en	eclosed Articles of Organization and fee(s) a	are submitted for filing.		
Please	return all correspondence concerning this n	natter to the following:		
	John Biesterfeld	Name of Person		
	Green Thumb Lawn & Garden LL0	C Firm/Company		
	4250 NW 124th Ave.		201	
	Corol Springs El 22065	Address	NFEB 2 EGÁLTAI LLAHAS	****
	Coral Springs, FL 33065	City/State and Zip Code	<u> </u>	
	ohen@greenthumbmowers.com E-mail address: (to be use ther information concerning this matter, ple	ed for future annual report notification		
	, p			
Louis	Cohen at (Name of Person	954) 344-0760 Area Code Daytime Teleph	one Number	
Enclose	ed is a check for the following amount:			
☑ \$125.0	00 Filing Fee \$\Bigcup \$\sum \text{\$\sum \exitin \text{\$\sum \text{\$\sum	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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	5	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SUN COAST TRAILER MANUFACTURERS, LL (Must end with the words "Limit	.C ted Liability Company, "L.L.C.," o	r "LLC.")		
ARTICLE II - Address:	• • •			
The mailing address and street address of the principa	l office of the Limited Liability Co	mpany is:		
Principal Office Address:	Mailing Address:			
4250 NW 124th Ave.	4250 NW 124th Ave.			
Coral Springs, FL 33065	Coral Springs, FL 33065			
ARTICLE III - Registered Agent, Registered Offic	to & Degistered Agent's Signatur			
(The Limited Liability Company cannot serve as its or	wn Registered Agent. You must des		dual or	
another business entity with an active Florida registra	tion.)	<u>1</u>	~	
The name and the Florida street address of the register	red agent are:	ر بن من فر داده ا	=	
		1	-E-	
John Biesterfeld		L SA		7
John Biesterfeld Na	me	LAHASS	2014 FE# 25	<u>_</u>
	me	CRETARY O	25	
Na		ERETARY OF S LAHASSEE, FL	25 A	FILEI
Nai 4250 NW 124th Ave.			25 新3	FILEU
Na <u>4250 NW 124th Ave.</u> Florida street address (P.O. E	Box <u>NOT</u> acceptable)		25 A	
A250 NW 124th Ave. Florida street address (P.O. E Coral Springs City Having been named as registered agent and to accept the place designated in this certificate, I hereby accepacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	Box NOT acceptable) FL 33065 Zip service of process for the above stacept the appointment as registered a ns of all statutes relating to the prop	ted limited liabilingent and agree to	ity composact in a perform	any at this

(CONTINUED)

Page 1 of 2

<u>Γitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Green Thumb Lawn & Garden LLC
	4250 NW 124th Ave.
	Coral Springs, FL 33065
MGR	John Biesterfeld
	4250 NW 124th Ave.
	Coral Springs, FL 33065
	Coral Springs, FL 33065
	
	<u> </u>
	[7]
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V: Effective date, if other than the dat tive date is listed, the date must be s	te of filing:
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V: Effective date, if other than the date trive date is listed, the date must be so filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation under I am aware that any false info	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
V: Effective date, if other than the date trive date is listed, the date must be so filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation under I am aware that any false info	nee of filing:

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