

LIB000101555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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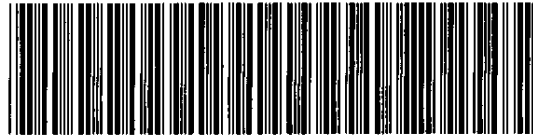
(Business Entity Name)

(Document Number)

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16 MAY 25 AM 8:00
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TALLAHASSEE FLORIDA

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15 MAY 25 PM 4:42
NOTARY PUBLIC
19 ADOPTIONS
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N. Culligan MAY 26 2015

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 5/25/16

NAME: FIRST COAST SOUTHEAST LLC

TYPE OF FILING: ARTICLES

COST: 130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Coast Southeast, 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:

John A. Petrilli, Secretary

Name of Person

LFG Capital Partners, LLC

Firm/Company

370 West Park Ave.

Address

Long Beach, NY 11561

City/State and Zip Code

jpetrilli@lancerinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail W. Reilly 516 431-4441 x. 3350

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



First Coast - Southeast, Inc.

May 25, 2016

Secretary of State
State of Florida
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: First Coast Southeast LLC Formation

Dear Sir or Madam:

I am secretary and general counsel of First Coast-Southeast, Inc. An affiliate company, LFG Capital Partners, LLC is attempting to form First Coast Southeast, LLC in the State of Florida.

First Coast-Southeast, Inc. hereby consents to the formation of the aforesaid limited liability company under that name.

If you need any further documentation, please feel free to contact me directly.

Thank you for your assistance.

Very truly yours,

John A. Petrilli
Secretary and General Counsel

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Coast Southeast, 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:

12276-214 San Jose Blvd.
Jacksonville, FL 32223

Mailing Address:

370 West Park Ave.
Long Beach, NY 11561

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

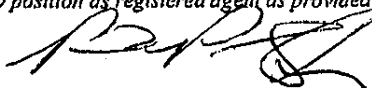
Plantation, FL 33324

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

Brian Smith, Asst. Secretary

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE FLORIDA
16 MAY 25 AM 8:00

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LFG Capital Partners, LLC

370 West Park Ave.

Long Beach, NY 11561

MGR

John A. Petrilli

370 West Park Ave.

Long Beach, NY 11561

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 SECRETARY

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John A. Petrilli

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)

16 MAY 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA