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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: SUNSET COAST HOME SELVECES, LUC 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:
Zacttary MELSCH Name of Person
Firm/Company
1981 SAGEBRUSH CIR.
1981 SAGEBRUSH CTR. Address NAPLES FL 34120
NAPLES PL 34/20
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) Co For further information concerning this matter, please call:
TACHARY MERSCH at (239) 961-2465 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SUNSET COAST HOME SELVICES, LUC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LL	.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar	y is:	
Principal Office Address: Mailing Address:		
1981 SAGERPUSH CIR 1981 SAGEBRUSH NAPUES FL 34120 NAPUES FL 341	t CTL	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designa another business entity with an active Florida registration.)	te an individual	. or
The name and the Florida street address of the registered agent are:		
ZACHARY MERSCH		
Name		
1981 SAGEBRUSH CIL		
Florida street address (P.O. Box NOT acceptable)		
NAPLES FL 34/20 City Zip		
Having been named as registered agent and to accept service of process for the above stated let the place designated in this certificate, I hereby accept the appointment as registered agent capacity. I further agree to comply with the provisions of all statutes relating to the proper a of my duties, and I am familiar with and accept the obligations of my position as registered Chapter 605, F.S	and agree to ac nd complete per	t in this formance
Registered Agent's Signature (REQUIRED)		
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Page 1 of 2	55.5	0 m; 1 0 <u>=</u>
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	FICLE IV- name and address of	cach person authoriz	zed to manage and control the Limited Liability Com	pany:	
<u>Title</u>	<u>::</u> IBR" = Authorized !	Member	Name and Address:		
	R" = Manager	vicinoci	ZACHARY MERSCH 1981 SMEBRUSH CH		
<u>N</u>	16R_		BENNOY MELSCH 1987 UAGEBRISH CIL NAPLES FZ 34/20:		
				<u>_</u>	
-					
(Use	attachment if neces	sarv)			
he date of fili	ing.)		and cannot be more than five business days prior to		
ARTICLE VI	l: Other provisions, i				_
ARTICLE VI	-	URE:			
REC	QUIRED SIGNATI Si (In accordance with an affirmation under that any false info	grature of a plembe a section 605.0203 (1) her the penalties of pe	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document right that the facts stated herein are true. a document to the Department of State		
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constitute I am awar constitute Filing Fees: 6125.00 Filin of R 6 30.00 Cert	OUIRED SIGNATION SI (In accordance with san affirmation und re that any false info sa third degree felo	grature of a plembe a section 605.0203 (1) er the penalties of permation submitted in my as provided for in	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document rjury that the facts stated herein are true. a document to the Department of State s.817.155, F.S.) MELSCH— ped or printed name of signee	16 AUD	SEC