

1
L10000223862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000292775550

12/09/16--01007--007 **125.00

FILED

RECEIVED

2016 DEC -9 PM 2:37 16 DEC -9 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

C. GOLDEN

DEC 12 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COASTAL PINES, LLC

The enclosed Articles of Organization and fees are submitted for filing:

Please return all correspondence concerning this matter to:

George H. Gwynn
Williams, Gautier, Gwynn, DeLoach & Sorenson, P.A.
P.O. Box 4128
Tallahassee, FL 32315

E-mail address for future annual report notification: rynatan@aol.com

For further information concerning this matter, please call:

Cindi Young
850-386-3300

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) (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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2016 DEC -9 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

**ARTICLES OF ORGANIZATION
OF
COASTAL PINES, LLC**

2016 DEC -9 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company (hereinafter referred to as "the Company") is:

COASTAL PINES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is:

1143 Terrace Street
Tallahassee, FL 32303

ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are:

William P. Simmons
1143 Terrace Street
Tallahassee, FL 32303

ARTICLE IV - Management:

The Company is to be managed by a manager and is, therefore, a manager-managed company. The initial manager is William P. Simmons.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the members and acknowledged them to be my act this 8th day of December, 2016.

(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.)



WILLIAM P. SIMMONS

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

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.


WILLIAM P. SIMMONS

FILED

2016 DEC -9 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$100.00 for Articles of Organization
 \$ 25.00 for Designation of Registered Agent