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COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: FIRST COAST INVESTMENT ASSOCIATES, II, 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:
MELISSA T. GILREATH
Name of Person
FIRST COAST INVESTMENT ASSOCIATES, LLC.
101 Palmera Court
Ponte Vedra Beach, FL. 32082 City/State and Zip Code
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)
For further information concerning this matter, please call:
Meussa Gilleath at (904) 234 8319 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE I -	Name:
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The name of the Limited Liability Company is:

FIRST COAST INVESTMENT ASSOCIATES II. LLC.

(Must contain 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:	Mailing Address:
101 Palmera Court	Ponte Vedra Beach FL 32082

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:

Melissa 7	T. GILREI	9TH
	Name	·
101 Palme	ra Court	
Florida street address	s (P.O. Box <u>NOT</u>	acceptable)
Ponte Vedr	Beach, F	L32082
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)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR MARIANNE T. BARNE 1766 LOQUAT LN TACKSONVILLE, FL. 3	32324
	32324
	
(Use attachment if necessary) MARCH 37, 2018	
If the date inserted in this block does not meet the applicable statutory filing requirements, this	
bedinent's effective date on the Department of State's records.	
redifferit's effective date on the Department of State's records.	
bedinefit's effective date on the Department of State's records.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	er.
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florid I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155. F.S.	er. ida Statutes. nent of State
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florid I am aware that any false information submitted in a document to the Department	er. ida Statutes. nent of State
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