L22000038144

(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.			

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SECRETARY OF STATE

CASION OF COMPONATIONS

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 455548 4321551 AUTHORIZATION : COST LIMIT : \$ 125\00 ORDER DATE: February 2, 2022 ORDER TIME : 8:27 AM ORDER NO. : 455548-005 CUSTOMER NO: 4321551 DOMESTIC FILING NAME: 1260 CORAL WAY HOLDINGS LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX_ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	1260 Coral Way Holdings LLC			
SUBJEC	Name of Limited Liability Company			
The enclo	sed Articles of Organization and fee(s) are submitted for tiling.			
Please ret	urn all correspondence concerning this matter to the following:			
	John J. Montgomery			
	Name of Person			
	Firm/Company			
	P.O. Box 1845			
	Address			
	Anderson, SC 29622			
	City/State and Zip Code john.montgomery@jrvannoy.com			
	E-mail address: (to be used for future annual report notification)			
For further	information concerning this matter, please call:			
	Sara Page H. Waugh 704 331-3635 at ()			
	Name of Person Area Code Daytime Telephone Number			
Enclosed	is a check for the following amount:			
\$125.001	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Street Address New Filing Section			

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

PM 12: 35 +

The name of the Limited Liability Company is:	2022 FEB -3
1260 Coral Way Holdings LLC	
(Must contain the words "Limited Liabi	lity 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:
1260 Coral Way	P.O. Box 1845
Singer Island, FL 33404	Anderson, SC 29622
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:

Corporation Service Company

Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee 32301 Cits Zip State

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)

ARTICLE I'	٧-
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	John J. Montgomery P.O. Box 1845 Anderson, SC 29622
(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 he date of filing.)	cannot be more than five business days prior to or 90 days after plicable statutory filing requirements, this date will not be listed as
REOUIRED SIGNATURE:	~
Signature of a member or a	n 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.

Sara Page H. Waugh, Authorized Representative of John J. Montgomery, Member

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)

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SECRETARY OF STATE