

L24000369828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

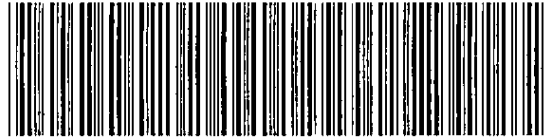
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GREEN COVE SPRINGS SOUTH RV

AND BOAT STORAGE, LLC

Signature _____

Requested by: BA

1/09/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
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____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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____ Fictitious Search _____
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____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF ORGANIZATION
OF
GREEN COVE SPRINGS SOUTH RV AND BOAT STORAGE, LLC**

ARTICLE I – NAME

The name of the limited liability company is Green Cove Springs South RV and Boat Storage, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
4627 County Road 15A
Green Cove Springs, Florida 32043

Mailing Address:
4607 County Road 15A
Green Cove Springs, Florida 32043

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Calvin Thomas Coon II
1006 Leno Road
Green Cove Springs, Florida 32043

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.



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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Calvin Thomas Coon II
1006 Leno Road
Green Cove Springs, Florida 32043

AMBR

Martha Kathalene Coon
4607 County Road 15A
Green Cove Springs, Florida 32043

ARTICLE V - OTHER MATTERS

The primary purposes of the company shall be to engage in any lawful business that may be engaged in by a limited liability company as may be determined by the Members from time to time.

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), 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.

Calvin Thomas Coon II

Typed or printed name of signee

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