

L2500041C199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

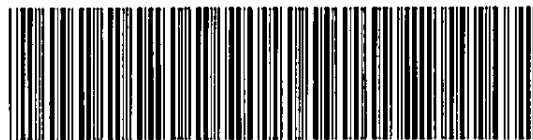
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2005 SEP 10 PM 4:31

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2005 SEP 10 PM 3:21

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: 120210000160: \$160.00

Authorization Signature *L. L. L.*

Suncoast Developments LLC

Business Name

#Document

Walk in

 Will wait

 X Certified Copy of Articles of Organization

 X Certificate of Status:

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 INC
 CORP
 PLLC

AMENDMENTS

 Amendment
 Resignation of R.A.
 Change of Registered Agent
 Revocation of Dissolution
 Conversion
 Reinstatement
 Merger
 REVOCATION OF DISSOLUTION

OTHER FILINGS

 TRANSMITTAL LETTER
 Fictitious Name
 Statement of Authority
TRADEMARK

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstated Articles of Organization
 Statement of Authority

 Other

 Domestication of a Foreign Corp

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Suncoast Developments, 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:

Dewayne Johnson

Name of Person

Wayne Equity Partners, Inc.

Firm/Company

515 East Las Olas Blvd. Ste 120-D10

Address

Fort Lauderdale FL 33301

City/State and Zip Code

wayne@wayncequity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DewayneJohnson

347

446-2465

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Suncoast Developments, 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:

515 East Las Olas Blvd

Suite 120-D10

Fort Lauderdale FL 33334

Mailing Address:

515 East Las Olas Blvd

Suite 120-D10

Fort Lauderdale FL 33334

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:

Dewayne Johnson

Name

515 East Las Olas Blvd, Suite 120-D10

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale

FL

33301

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.

Signed by:

Dewayne Johnson Johnson

ROSEAT319AA9MCO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Dewayne Johnson

515 East Las Olas Blvd. Suite 120-D10

Fort Lauderdale FL 33301

(Use attachment if necessary)

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STATE

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signed by:
Dewayne Johnson Johnson
809F47319AA94C0.

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.

Dewayne Johnson

Typed or printed name of signer

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)