L25000041C 199

(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 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: I20210000160: $160.00
Authorization Signature_____
Suncoast Developments LLC
Business Name #Document

Walk in ____ Will wait

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SECRETARY OF STATE

__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

_____ ____Other

REGISTRATION/QUALIFICATIONS

_ _ Foreign Filing
____ Partnership
___ Reinstated Articles of Organization
____ Statement of Authority

____Domestication of a Foreign Corp_

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@wayneequity.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

DewayneJohnson at (347) 446-2465
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:	**Mailing Address:**
515 East Las Olas Blvd	515 East Las Olas Blvd
Ste 120-D10	Suite 120-D10
Fort Lauderdale FL 33334	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
B09E4771BAA94C0...
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	DewavneJohnson 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.

Dewavne Johnson
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)