

Rogers, ~~Towers~~, Bailey, Jones & Ga

106 South Monroe Street - 2nd Floor

Tallahassee, FL 32301 222-7200

Phone #

Call Pat @ 222-7200 if problems.

CORPORATION NAME(S) &amp; DOCUMENT NUMBER(S), (if known):

1. Eastern Coastal, LLC (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☒ Walk in

☒ Pick up time

11-10-98

☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☐ Certificate of Status

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

\* Please return a  
filed stamped copy

400000884244--S  
-11/10/98--01035--026  
\*\*\*285.00 \*\*\*285.00

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

OK

11/10/92

RECEIVED  
98 NOV 10 AM 10:50

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

EASTERN COASTAL, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 10 PM 12:59

The undersigned adopt the following Articles of Organization for the purpose of becoming a limited liability company under Chapter 608, the Florida Limited Liability Company Act:

ARTICLE I

Name

The name of the limited liability company, referred to in these Articles as "Company," is EASTERN COASTAL, LLC.

ARTICLE II

Duration

The period of duration of Company is the date these Articles of Organization are filed by the Florida Department of State until December 31, 2021.

ARTICLE III

Purpose

The purpose for which Company is organized is to transact any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

ARTICLE IV

Principal Address

The address of Company's principal place of business in Florida is 105 S. Ponce de Leon Blvd., St. Augustine, Florida 32086. This is also the Company's mailing address.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 10 PM 12:59

## ARTICLE V

### Registered Agent and Office

The name of Company's initial registered agent in Florida is Michael Hefferon. The address of Company's registered office in Florida is 105 S. Ponce de Leon Boulevard, St. Augustine, Florida 32086.

## ARTICLE VI

### Capital Contributions

Contributions to the Company by each member are as follows:

- (a) Michael Hefferon has made a contribution of cash of One thousand and 00/100 (\$1,000.00) Dollars.
- (b) No property contributed.

## ARTICLE VII

### Management

The Company is to be managed by its members. The initial member is identified as follows:

Michael Hefferon whose address is: 105 South Ponce de Leon Boulevard, St. Augustine, FL 32084.

## ARTICLE VIII

### Admission of New Members

Members shall have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

## ARTICLE IX

Additional Provisions

The power to adopt, alter, amend, or repeal regulations of the Company is vested entirely in the members subject to any provision of the Operating Agreement between the members.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 10 PM 12:59

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned have executed these Articles of Organization on this 2 day of November 1998.

M. L. Hefferon  
MICHAEL HEFFERON

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority personally appeared MICHAEL HEFFERON and who:

(Notary must check applicable box)

X is personally known to me.  
\_\_\_\_\_ produced current driver's license(s) as identification.  
\_\_\_\_\_ produced \_\_\_\_\_ as  
\_\_\_\_\_ identification.

and who executed the foregoing Articles of Organization and acknowledge before me that she made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2 day of November, 1998 at St. Augus.



Christine M. Ochkie  
MY COMMISSION # CC707866 EXPIRES  
January 13, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

Christine Ochkie

Signature of Notary  
CHRISTINE M. OCHKIE

(Name of Notary Typed, Printed or Stamped)

My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as  
Registered Agent of **EASTERN COASTAL, LLC** which is contained in the  
foregoing Articles of Organization.

DATED this 2nd day of November, 1998.

  
MICHAEL HEFFERON, Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 10 PM 12:59

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS  
TO ARTICLES OF ORGANIZATION  
OF  
EASTERN COASTAL, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 10 PM 12:59

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority, personally appeared  
MICHAEL HEFFERON, who first being duly sworn deposed and said:

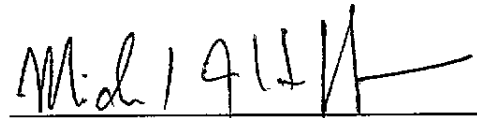
1. This Affidavit is made pursuant to Section 608.407(2)  
Florida Statutes.

2. The Limited Liability company described above has one  
members consisting of MICHAEL HEFFERON whose address is: 105 South  
Ponce de Leon Boulevard, St. Augustine, FL, 32084.

3. The member has contributed cash as follows:

<u>Member</u>	<u>Cash</u>	<u>Property</u>
Michael Hefferon	\$1,000.00	\$0.00

4. No additional amount is anticipated to be contributed  
by the members.

  
Michael Hefferon

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this  
2 day of November, 1998, by MICHAEL HEFFERON and who:

(Notary must check applicable box)

  X   is personally known to me.  
       produced current driver's license(s) as identification.  
       produced \_\_\_\_\_ as  
       identification.



Christine M. Ochkie  
MY COMMISSION # CC707866 EXPIRES  
January 13, 2002  
BONDED THRU TROY FAIR INSURANCE, INC.

*Christine Ochkie*

Signature of Notary

**CHRISTINE M. OCHKIE**

(Name of Notary Typed, Printed or Stamped)

My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_

gmm\realprop\tidewater\artorg.ec1

FILED IN STATIONS  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 NOV 10 PM 12:59