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SECRETARY OF STATE

	COVER	LETTER			
TO: Registration Se Division of Co.					
SUBJECT: EAST	COAST REAL	ESTATE,	LLC		
	•				
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
<u>William '</u>	V. Gambardella				
	(I	Name of Person)			
<u>Law Offi</u>	<u>ces of William '</u>		ardella		
	C	Firm/Company)			
<u>30 Was</u>	30 Washington Avenue				
		(Address)			
North H	North Haven, CT 06473				
- 	(City)	(State and Zlp Code)			
For further information concerning this matter, piesse call:					
William V. G	ambardella	at (203)	234-88	344	
	of Person)		& Daytime Te	lephone Number)	
Enclosed is a check for	or the following amount:				
☐ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Fit Certified Copy (additional copy is	,	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassen, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	ns	

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RTICLES OF ORGANIZATION FO	OR FLORIDA LIVILLED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
EAST COAST REAL ESTATE (Must end with the words "Limited Liability Compar	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7018 S.E. Harbor Circle Stuart, FL 34996	EAST COAST REAL ESTATE, LLC 118 Montowese Street, Unit 4 Branford, CT 06405
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Michael Schlay	one Name
7018 S.E. Har	bor Circle

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 608, F.S..

Florida street address (P.O. Box NOT acceptable) FL 34996

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Stuart,

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) o The name and address of each	r Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Michael Schiavone 7018 S.E. Harbor Circle Stuart, FL 34998
MGRM	Joel Schiavone 489 North River Road Guilford, CT 06437
MGRM	Carl Youngman 94 Clements Road Newton, MA 02438
MGRM	Dennis Murphy 1635 S.W. Waterfell Blvd Palm City. FL 34990
(Use attachment if necessary)	,
ARTICLE V: Effective date, if other to (If an effective date is listed, the date to or 90 days after the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of	a member or an authorized representative of a member.
of this docum	e with section 608.408(3), Piorida Statutes, the execution ent constitutes an affirmation under the penaltics of perjury is stated herein are true.)

Filing Pees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Michael Schlavone

Typed or printed name of signee