L04000015471

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of States |
| Special Instructions to Filing Officer: |
| MML |





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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 19, 2004

ARTHUR KWIAT 3626 SOUTH OCEAN BOULEVARD HIGHLAND BEACH, FL 33487

SUBJECT: GOLD COAST RETAIL CONSULTING, LLC

Ref. Number: W04000007192



We have received your document for GOLD COAST RETAIL CONSULTING, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 304A00011452

Spoke to Mr. Kwiat wants to file a Lic sending me form a money 2/23/04

TRANSMITTAL LETTER

| TO: | Registration Section | | 一锅留了 |
|--------|---|---------------------------------------|--|
| 20. | Division of Corporations | | N.S.S. |
| SUBJ | ECX: | TAIL CONSULTING, LLC | Fig. 2 1 |
| | (Name of L | imited Liability Company) | OR F |
| The en | closed Articles of Organization and fee(s) | are submitted for filing. | , |
| | Please return all corresp | ondence concerning this matter to the | following: |
| | ARTHUR KWIAT | | |
| | | (Name of Person) | ······································ |
| | GOLD COAST RETAIL CONS | JLTING, LLC | |
| | | (Firm/Company) | |
| | 3626 SOUTH OCEAN BOULEVARD | | |
| | | (Address) | |
| | HIGHLAND BEACH, FLOR | DA 33487 | |
| | | (City/State and Zip Code) | |
| For fu | rther information concerning this matter, p | lease call: | |
| ARTH | IUR KWIAT | at (561) 243-1755 | |
| | (Name of Person) | (Area Code & Daytime Tel | ephone Number) |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SCORE L'SSEE, L | OF FEB 26 FM STATE | FILED |
|-----------------|---|-------|
| | AND | = |

| ART | ICL | EI- | - Na | me: |
|-----|-----|-----|------|-----|
|-----|-----|-----|------|-----|

The name of the Limited Liability Company is:

GOLD COAST RETAIL CONSULTING, 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: |
|-------------------------------|------------------|
| 3626 SOUTH OCEAN BOULEVARD | |
| HIGHLAND BEACH, FLORIDA 33487 | |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

| ARTHUR KWIAT | |
|--|---|
| Name | _ |
| 3626 SOUTH OCEAN BOULEVARD | |
| Florida street address (P.O. Box NOT acceptable) | |

HIGHLAND BEACH FLORIDA 33487

City, State, and 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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR ARTHUR KWIAT 3626 SOUTH OCEAN BOULEVARD HIGHLAND BEACH, FLORIDA 33487 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE; Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

ARTHUR KWIAT

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee