

L04000075920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CUST

Salvatore Barrera  
5041 Heron Place  
Coconut Creek, Florida 33073  
954-481-5933

To who it may concern

Along with my cover letter I am submitting the Articles of Organization and a check of \$125.00

Thank you,

A handwritten signature in cursive script that reads "Salvatore Barrera".

Salvatore Barrera

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** East coast home buyers 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:

Salvatore Barrera  
(Name of Person)

East coast home buyers  
(Firm/Company)

5041 Heron Place  
(Address)

Coconut Creek, Florida 33073  
(City/State and Zip Code)

For further information concerning this matter, please call:

Salvatore Barrera at ( 954 ) 481 5933  
(Name of Person) (Area Code & Daytime Telephone 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

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

East Coast Home Buyers LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5041 Heron Place

Coconut Creek

Florida, 33073

**Mailing Address:**

5041 Heron Place

Coconut Creek

Florida, 33073

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Salvatore Barrera

Name

5041 Heron Place

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

Coconut Creek, Florida 33073 FLORIDA

City, State, and Zip

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

*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

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Salvatore Barrera

5041 Heron Place

Coconut Creek, Florida 33073

(Use attachment if necessary)

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**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 that the facts stated herein are true.)

Salvatore Barrera

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)