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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coastal Real Estate Services, 22C (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:
David E. Weston (Name of Person)
(Name of Person)
Coastal Engineering Consultants (Firm/Company)
3106 5. Honseshoe Drive
Na ples, F2 34104 (City/State and Zip Code)
For further information concerning this matter, please call:
David E. Weston at 239 643-2324 ext. 119 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee

### 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

ARTICLE I - Name:
The name of the Limited Liability Company is:
Coastal Real Estate Services 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:
3106 S. Honseshoe Drive
106 S. Horseshoe Drive Naples, Fr 34104
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
David E. Weston
Name
3104 South Horseshoe Drive
Florida street address (P.O. Box NOT acceptable)
No Nec E 341021
Naples FL 34104 City, State, and Zip
City, Date, and Lip

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

## Name and Address: David E. Weston

MGRM

"MGR" = Manager

"MGRM" = Managing Member

Title:

William H. Reeve TT MAI, SRA 14281 Cemetary Road Ft. Myers, FL 33905-7340

(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 that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)