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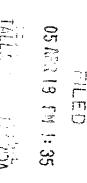
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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TRANSMITTAL LETTER

TO: Registration Se Division of Co							
SUBJECT: GOLF CO	DAST FINANCIAL, LLC			, , 			
	(Name of Limited	d Liability Com	pany)				
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for fili	ng.				
Please return all corresp	ondence concerning this matte	r to the following	ıg;				
GIFFARI	D BULLEN						
	G	Name of Person)		 			
	(1)	Firm/Company)			 		
	(ran Company)					
PO BOX 91	691						
		(Address)			-		
LAKE	ELAND, FL 33804						
	(City/	State and Zip Coo	de)		——————————————————————————————————————	0	
For further information concerning this matter, please call:			The fire of the second	05 APR 18 PH 1: 35	-;		
GIFFARD BULLEN		at (813	、846-4642		46	ස	
	of Person)		ode & Daytime Te	elephone Number)		Ĺ
Enclosed is a check fo	or the following amount:				CORIO	35	
□ \$125.00 Filing Fee		S155.00 Certified Co	• •	S160.00 Certificate of Certified Conditional con	of Status opy	s &	
Regist Divisio	ET ADDRESS: ration Section on of Corporations . Gaines Street		MAILING AN Registration S Division of Co P.O. Box 6327	ection orporations			

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

the name of the L	imited Liability Company is:	:		
GOLF COAST FINA	NCIAL LLC			
ARTICLE II - Ad The mailing address		rincipal office of the Limited Liability Company	is:	
Principal Office Address:		Mailing Address:		
11500 SUMMIT WE	ST BLVD	PO BOX 280374		
SUITE 29F		TAMPA, FL 33682		
TAMPA, FL 33617				
	egistered Agent, Registered	d Office, & Registered Agent's Signature:		
GIFFARD BULLEN				
	Name			
	11500 SUMMIT WEST BLVD SUITE 29F			
	11500 SUMMIT WEST BLVD SUITE 29F Florida street address (P.O. Box NOT acceptable) TAMPA TI 33617			
	TAMPA	FL 33617		
	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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	GIFFARD BULLEN PO BOX 91691 LAKELAND, FL 33804
The same of the sa	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	added if an effective date is requested.
(In accordance with section	જર્મ કે
GIFFARD BULLEN Typed	or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)