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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	IL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Fitting Officer.	ŀ
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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Se Division of Con	ection rporations —		
SUBJECT: East Coa		<u> </u>	
	(Name of Limited	d Liability Company)	······································
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Mark Par			
	C	Name of Person)	
East Coast Farms, L	LC		
		Firm/Company)	·
6796 Lantar	na Rd.		
		(Address)	1AA 05
Lake	Worth, FL 33467		LECK JUN T
	(City/	State and Zip Code)	SSE S
For further information of	concerning this matter, please	call:	FEF STA
Kriss Hammond		at ( 561 ) 965-5400	DRIDA
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:	,	
□ \$125.00 Fijling Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

The name of the Limited Liability Company	is:
East Coast Transfer, LLC	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6796 Lantana Rd. Lake Worth, FL 33467	6796 Lantana Rd. Lake Worth, FL 33467
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t Kriss Hammond	he registered agent are:
	SECRETAR TALLAHASS
6796 Lantana Rd.	
Florida stree	t address (P.O. Box NOT acceptable)
Lake Worth, FL 33467 City, St.	t address (P.O. Box NOT acceptable)  FL ate, 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:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	East Coast Farms, LLC	
	6796 Lantana Rd.	
	Lake Worth, FL 33467	
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(Use attachment if necessary)	4: 05 LORIDI	
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
	7	
Signature of a member o	r an authorized representative of a member.	
(In accordance with section of this document constitut	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	

Typed or printed name of signee

Filing Fees:

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

Mark Parker

that the facts stated herein are true.)