105000077150

(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: HU C			

Office Use Only



900057952669

N8/N4/O5--01014--005 **130.00

Con Ast Assessment



TRANSMITTAL LETTER

TO: Registration Se Division of Con			
SUBJECT:	Coral House LLC	l Liability Company)	
	CI restrict of Million	- Diagnity Company)	
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
<u> </u>	Charles		
	d)	Jame of Person)	
	a	Firm/Company)	
	675 S	E Second St	
		(Address)	
	Dar	nia Florida 33004	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Charles Gennari		at (508) 954-9592	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	r the following amount:		
□ \$125.00 Filing Fee	⊘ \$130.00 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
	ET ADDRESS: ration Section	MAILING A Registration S	

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

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:				
Coral House LLC				
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
675 SE Second St, Dania FL	18 Deerfoot Rd, Southborough, Ma 01772			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the re	gistered agent are:			
Richard Aube				
Name				
675 SE Second St				
Florida street address (P.O. Box NOT acceptable)				
Dania, FI 33004	FL.			
City, State, and Zip				
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registed.	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
Registered Agent's	Signature 51			

(CONTINUED)

Page 1 of 2

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:
MGRM	Charles Gennari 18 Deerfoot Rd Southborough, Ma 01772
MGR	Richard Aube 675 SE Second St Dania FI 33004
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here.)	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
<u>Charles</u> C	Gennau, ed 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)