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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT MAIL	
(Bus	siness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT:	CORSTAL Bus (Name of Limited	Iders, LLC. 1 Liability Company)	
The enclosed Articles	of Organization and fee(s) are st	ubmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	JUAN L. Berg	ADM IGN 1410 Name of Pyrson)	
	COASTAL Build	PSS LLC Firm/Company)	
	9801 S.W. 12	(Address)	
	Minmi, Pa		
For further information	concerning this matter, please	call:	
DUAN L. Be	MOUIANN to of Person	at 305 975-	4941
(Nam	e of Persony	(Area Code & Daytime To	etephone Number)
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	S \$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)
CITTO	THE ARMYON.	MAN THO A	DDDwaa.

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:				
CORSTAL Builders, 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:				
9801 5.W. 123 5t. Miemi, FL 33176 Miemi, FL 33176				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
Dunis L. Bergouignan				
Name -				
Plorida street address (P.O. Box NOT acceptable)				
Minmi FL 37176 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				
1 20 mm				
Registered Agent's Signature Registered Agent's Signature ALLAHASS	77			
(CONTINUED)	П			

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	Name and Address:
"MGRM" = Managing Member	
MGR	JUAN L. Bergavignan 9801 S.W. 12754. Miamir PL 33/76
M&R	Deremy R. Garland. 100 Edge, water Dr. #31 Leval Gables, FL 33133
·	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
1-4	Romenine
Signature of a member o	r 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.)

JUNN L. Rerapuignan
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)