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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Coast	al Carolina Investr	nent Partners, LLC	
		d Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Daniel J.			
	(Name of Person)	
	(Firm/Company)	and the second s
2430 Ca	t Cay Lane		
		(Address)	
Ft. Laude	erdale, FL 3331	2 /State and Zip Code)	
	Спу	rsuate and Zip Code)	
For further information	concerning this matter, please	call:	
Daniel Pirigyi		at (954) 465-490	
(Name	of Person)	(Area Code & Daytime To	etephone Number)
Enclosed is a check for	r the following amount:		, -
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	18 2 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Coastal Carolina Investment Partners, Li (Must end with the words "Limited Liability Company, "Limit	_C ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2430 Cat Cay Lane Ft. Lauderdale, FL 33312	2430 Cat Cay Lane Ft. Lauderdale, FL 33312
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interpretation Daniel J. Pirigyi Name	tered Agent. You must designate an individual or another
2430 Cat Cay Lane	-mit
	lress (P.O. Box NOT acceptable)
Ft. Lauderdale City, State, a	FL 33312 and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGRM	Richard J. Zecchino, Jr.
	2010 Groesbeck Blvd.
	Lansing, MI 48912
(Use attachment if nece	scaruì
•	
CLE V: Effective date, if effective date is listed, th 0 days after the date of f	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days pri- iling.)
o days after the date of f	
REQUIRED SIGNAT	URE:
REQUIRED SIGNAT	
REQUIRED SIGNAT	ure of a member or an authorized representative of a member.
REQUIRED SIGNAT Signat (In according to this	wind CA

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

Filing Fees:

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)