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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

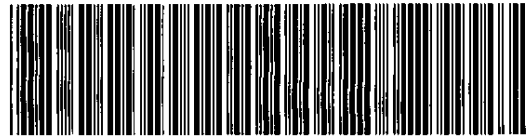
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/12/10--01017--026 **160.00

FILED
10 AUG 12 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2010

ALEJANDRO M CASEY
2120 58TH AVE 110
VERO BEACH, FL 32966

SUBJECT: COASTAL CLAIM SERVICES LLC
Ref. Number: W10000038343

We have received your document for COASTAL CLAIM SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 810A00019552

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Claim Services LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro M. Casey

Name of Person

Coastal Claim Services LLC

Firm/Company

2120 58th Ave #110

Address

Vero Beach, Florida 32966

City/State and Zip Code

alex@coastalclaimservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro M. Casey

Name of Person

at (866)

611-3692

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Alejandro M. Casey
2120 58TH Ave. #110
Vero Beach, Florida 32966
786-260-8580

Ms. Suzanne Hawkes,

I am sending you this notice in regards to the filing for Coastal Claim Services LLC. Your records also Show another corporation by the same name which is also owned by my self where I am one in the same owner. I do not wish to revoke the dissolution of the Corporation and wish to continue with an active status for the LLC.

If you have any further questions please contact me at your earliest convenience.

Respectfully,

Alejandro M. Casey

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coastal Claim Services LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5555 53rd Ave

Vero Beach, Florida 32967

Mailing Address:

2120 58th Ave #110

Vero Beach, Florida 32966

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Alejandro M. Casey

Name

5555 53rd Ave

Florida street address (P.O. Box **NOT** acceptable)

Vero Beach

FL 32967

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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TREASURY FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Alejandro M. Casey

2120 58th Ave #110

Vero Beach, Florida 32966

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/11/2010 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Alejandro M. Casey

Typed or printed name of signer

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)