#112000043729

(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: CORRECTION TO EFF. DATE PER CONVERSATION WITH BERNICE PONTNER 3-29-2012 KS			

Office Use Only



400225141334

EFFECTIVE DATE

03/27/12--01018--024 **130.00

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AND ANASSEF FRORID.

K.SALY EXAMINER MAR 29 2012

COASTAL BOOT 2821 CENTER PORT CIRCLE POMPANO BEACH, FL 33064

T: 954 782 3244 F: 954 782 4342

e-mail: jbshoe@coastalboot.com

23 March 2012

Registration Section Division Of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re:

LLC Formation

Coastal Boot, LLC

Dear Sir or Madam;

Enclosed please find the following documentation for the purposes of registering the aforementioned Limited Liability Company.

- Check #2330 in the amount of \$130.00 (\$125.00 Filing Fee & \$5.00 Certificate of Status);
- 2) A copy of my Florida driver's license;
- 3) Articles of Organization; and
- 4) Consent of Owner Entity (cases where the name is not distinguishable)

Please be advised the purpose of the LLC is for any lawful purpose.

If the enclosed documentation is insufficient to file the LLC with the Division of Corporations please return the contents (Forms & Check) in the self-addressed stamped envelope that I have enclosed for your convenience.

Thanking you in advance for your attention to this matter.

Swel Porler

Respectfully,

Joel Bondar ✓

Enclosures

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CONSENT OF OWNER ENTITY

This letters serves as notice to the Florida Department of State, Division of Corporations. Pursuant to Florida Statute 608.406(2), Coastal Boot Company, Inc., consents to the formation of Coastal Boot, LLC, even though the name of the LLC may not be otherwise distinguishable on the records of the Division of Corporations.

This consent is to be filed with the Division of Corporations along with the registration of Coastal Boot, LLC.

Signed this 23rd day of March, 2012, by Joel Bondar who is a duly authorized representative of Coastal Boot Company, Inc.

Coastal Boot Company, Inc.

Bv:

Joel Bondar, Secretary, Treasurer, Director

COVER LETTER

ТО;	Registratio Division of	n Section Corporations			
SURJE	CCT: COA	ASTAL BOOT, LLC			
2020		Name of Limit	ed Liability Company		
The end	The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please 1	return all corr	espondence concerning this matt	er to the following:		
	Joel Bo	ındar			
•	JOE! DO	niuai	Name of Person		
-	Firm/Company				
	2821 Center Port Circle				
			Address		
	Pompano Beach, FL 33064				
City/State and Zip Code					
jbshoe@coastalboot.com E-mail address: (to be used for future annual report notification)					
For fur	ther informati	on concerning this matter, please			
101141		on concerning this matter, press	- Cani.		
Joel	Bondar		at (954) 782 - 3244		
	Na	me of Person	Arca Code & Daytime Telephone Number		
Enclos	ed is a checl	for the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified 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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 3-20-20/2				
COASTAL BOOT, 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:	Mailing Address:				
2821 CENTER PORT CIRCLE POMPANO BEACH, FL 33064	Same as Principal Address				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another				
The name and the Florida street address of the registered agent are: Joel Bondar Name					
Joel Bondar	27 R				
Name	SE P				
2821 Center Port Circle					
Florida street address (P.O. Box NOT acceptable)					
Pompano Beach	_m 33064				

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	
MGRM	Joel Bondar
	2821 Center Port Circle
	Pompano Beach, FL 33064
MGRM	Bruce Pontner
	2821 Center Port Circle
	Pompano Beach, FL 33064
MGRM	Bernice Pontner
WOTAN	2821 Center Port Circle
	Pompano Beach, FL 33064
	
(Use attachment if necessary)	
	the date of filing: 3-20-2012 (OPTIONAL) t be specific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joel Bondar

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)