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DIVISION OF CORPORATIONS

5 8 4

'AUG 3 1 2012 T. HAMPTON

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Coast 2 Coast Inves	stement LLC
Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Sachin J. Chheda	
	Name of Person
Coast 2 Coast Investm	ent LLC
	Firm/Company
5934 Willows Bridge L	оор
	Address
Ellenton/FI/34222	
	ty/State and Zip Code
shortsalesachin@gmail.com	for future annual report notification)
•	•
For further information concerning this matter, please	e call:
Sachin J. Chheda	at (727) 348-9089
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 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/Conrier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RECEIVED

12 AUG 30 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2012

SACHIN J CHHEDA 5934 WILLOWS BRIDGE LOOP ELLENTON, FL 34222

SUBJECT: COAST 2 COAST INVESTMENT LLC

Ref. Number: W12000043295

We have received your document for COAST 2 COAST INVESTMENT 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 existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00021336

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	change to	
Coast O Coast Investment	Change to Coast 2 Coast Venture Grow	
Coast 2 Coast Investment 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:		
5934 Willows Bridge Loop	5934 Willows Bridge Loop Ellenton, FL, 34222	
Ellenton, FL, 34222	Ellenton, FL, 34222	
(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 respective Sachin J. Chheda Name 5934 Willows B	registered agent are:	
Florida street address (P.O. Box NOT acceptable)		
Ellenton,FI,34222 _{FL}		
City, State, 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 erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	
Sochin J. Cl	heda	
Registered Agent's Signat	ure (REQUIRED)	

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

MGRM

Daniel Skinner
22655 Mariano Street
Woodland Hills, CA, 91367

ARTICLE V: Effective date, if other than the date of filing: _______. (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. 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.)

Daniel Skinner

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)

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