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Effective Date 3/7/14

SEGRETARY OF STATE
DIVISION OF CORPURATIONS

14 MAR I O PM 3: 51

MAR 1.3 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COUSTA FF+E, 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:
LÌSA SALAEV Name of Person
Coasta FF+E, LLC Firm/Company
19717 Brickel Point Dr. Address
Boca Raton FL 33498
BOCA RATON FL 33498 City/State and Zip Code / ISA SUVESACACY. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LISQ SALAET at (561) 400-7696 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{E}\$

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

Effective Date 3/7/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Company Company
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
BOCA RATON FL 33498
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:
19717 Brickel Point Dr.
Florida street address (P.O. Box <u>NOT</u> acceptable) BOCA RATON FL 33498 City 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 605, F.S
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CORPORATIONS

Title: "AMBR" = Authori:	zed Member	Name and Address:
"AMBR" = Authori: "MGR" = Manager	MGR	LISA SAEAR V 19717 Bricker Point DV. BOCA RATON FL 3349R
	_ _	
(Use attachment if n	necessary)	1 1
	if other than the date of filin the date must be specific a	$_{\text{g:}} = 3/7/14$. (OPTIONAL) nd cannot be more than five business days prior to or 90 days afte
ie Gate of Hillig.)	ons, if any.	
3 /		
RTICLE VI: Other provisio	ATURE:	
RTICLE VI: Other provisio	iature:	each authorized representative of a member.

 $\frac{Filing\ Fees:}{\text{$125.00\ Filing\ Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}}$ \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2