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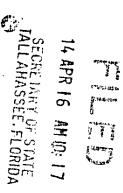
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(Business Entity Name)
(Document Number)
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J. Sinkers APR 1 7 2014

COVER LETTER

Division of Corporations	
SUBJECT: Coastal Commercial Rentals L.L.C.	
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:	
Marilyn J Mumbower	
Name of Person	····
Coastal Commercial Rentals L.L.C. Firm/Company	
rim/company	
8638 Mustang Drive	
Address	
Naples Florida 34113	
City/State and Zip Code	
Marilus 144 God one	
MarilynJ11@aol.com E-mail address: (to be used for future annual report noti	fication)
·	
For further information concerning this matter, please call:	
Marilyn J Mumbower at (630) 291 7693	
	Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee &	☑\$160.00 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status &
(additional copy is enclosed	
	(additional copy is enclosed)

TO:

Registration Section

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 I - Name: The name of the Limited Liability Company is:		
The name of the Elimied Elability Company is.		
Coastal Commercial Rentals L.L.C.	ited Liability Company, "L.L.C.," or "LL	C")
(What end with the words Link	neu Elability Company, E.E.C., or E.E.	,
ARTICLE II - Address:	- Lagger - Calla I in its d I in its Common	!
The mailing address and street address of the principa	at office of the Limited Liability Compan	ıy ıs:
Principal Office Address:	Mailing Address:	
8638 Mustang Drive	8638 Mustang Drive	
Naples	Naples	
Florida 34113	Florida 34113	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registration of the registration of	own Registered Agent. You must designa ation.)	te an individual or
The name and the Florida street address of the registe	ered agent are:	
Marilyn J Mumbower		
Na	ame	
8638 Mustang drive		
Florida street address (P.O.	Box NOT acceptable)	
Naples	FL 34113	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appointment as registered agent ons of all statutes relating to the proper ar	and agree to act in this nd complete performance
Marilyn Agend's Si	Mumbower ignature (REQUIRED)	14 APR SECKE I
(CONTI	INUED)	SSN 5
Page i	1 of 2	EFFLOR

<u>Γitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Marilyn J Mumbower
	8638 Mustang Drive
	Naples Florida 34113
AMBR	Marilyn J Mumbower
	8638 Mustang Drive
	Naples Florida 34113
-	
Use attachment if necessary) EV: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
EV: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
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EV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	J. Mumbows member or an authorized representative of a member.
CV: Effective date, if other than the detive date is listed, the date must be filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this dogument
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ARTICLE IV-