

# L14000139657

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

SEP - 8 2014

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COAST TO COAST CAPITAL CONNECTIONS, 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:

NANCY MEININGER, MANAGING MEMBER

Name of Person

COAST TO COAST CAPITAL CONNECTIONS LLC

Firm/Company

1220 SW 54TH LANE

Address

CAPE CORAL, FLORIDA, 33914

City/State and Zip Code

nancy@coasttocoastcapitalconnections.com

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

For further information concerning this matter, please call:

Nancy Meininger

Name of Person

at ( 239 )

Area Code

541-9950

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COAST TO COAST CAPITAL CONNECTIONS, 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:**

1220 SW 54TH LANE

CAPE CORAL

FLORIDA 33914

1220 SW 54TH LANE

CAPE CORAL

FLORIDA 33914

**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:

NANCY MEININGER

Name

1220 SW 54TH LANE

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

CAPE CORAL

City

FL 33914

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.*

**Nancy Meininger**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
AUG 29 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Digitally signed by Nancy Meininger  
DN: cn=Nancy Meininger, o=Coast to Coast Capital  
Connections, Inc., inc.  
email=nancy@coasttocoastcapitalconnections.com, c=US  
Date: 2014.08.19 22:39:04 -0400

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

NANCY MEININGER - MGR

**Name and Address:**

NANCY MEININGER

1220 SW 54TH LANE

CAPE CORAL, FLORIDA 33914

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURES**

Nancy Meininger

Digitally signed by Nancy Meininger  
DN: cn=Nancy Meininger, o=Coast to Coast Capital  
Connections, Inc., ou,  
email=nancy@coasttocoastcapitalconnections.com, c=US  
Date: 2014.08.19 23:42:39 -04'00'

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

NANCY MEININGER

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)**