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SEGRETARY OF STATE
TALLAHASSEE FLORIDA

J. Statuers JAN 20 2015

COVER LETTER

ŤO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Creative Coastal Construction, L</u> Name of Li	LC mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Wendy Paffel	Name of Person	
		Name of Person	
		•	
		Firm/Company	
	3064 Strada Bella Ct.		
		Address	
	Naples, FL 34119		
	(City/State and Zip Code	
w	paffel@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple		
Wend	γ Paffel at (239) 289-4498	
	Name of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	00 Filing Fee S130.00 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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	ne: mited Liability Company i	s:	
Creative Coastal	Construction, LLC (Must end with the word	ds "Limited Liability Company, "L.L.C	.," or "LLC.")
ARTICLE II - Add The mailing address		principal office of the Limited Liability	y Company is:
Principal Office A	ddress:	Mailing Address:	
340 9th t N Suite Naples FL 34102		340 9th st N Suite #1 Naples, FL 34102	09
(The Limited Liabil		red Office, & Registered Agent's Sign e as its own Registered Agent. You must a registration.)	
The name and the F	lorida street address of the	e registered agent are:	
	Kelly Paffel	Name	_
	3064 Strada Bella (Florida street addres		
	Naples	FL 34119	
the place design capacity. I furthe	nated in this certificate, I have a gree to comply with the dI am familiar with and act the Registered Ag	Zip to accept service of process for the above ereby accept the appointment as register provisions of all statutes relating to the eccept the obligations of my position as re Chapter 605, F.S gent's Signature (REQUIRED)	red agent and agree to act in this proper and complete performance

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Wendy Paffel	
	3064 Strada Bella Ct.	
	Naples, FL 34119	
AMBR	Lea Doucette	
	2253 Spruce St.	
	Naples FL 34112	
	-	
(Use attachment if necessary)		
(Ose attachment if necessary)		
ective date is listed, the date must be spe of filing.)	of filing: 1/5/2015 (OPTIONAL) ecific and cannot be more than five business days prior to	or 90
ective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to	or 90
ective date is listed, the date must be spe of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to	or 90
ective date is listed, the date must be spe of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume	ent
Extive date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member.	ent
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-