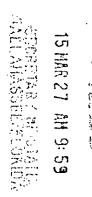
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APR 1 6 2015

COVER LETTER

TO: Registration Division of	a Section Corporations		
SUBJECT:	Atlanti	c Coast [Deeds CCC
	Name of Lin	nited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
-	Sop	nia GRigi Name of Person	0
		c Coust D	
	1806	Firm/Company N. HAMina	To RD Suito 30
	Pembroke	Address Fl	orida, 33028 Ognail. Com.
	E-mail address: (to buse	City/State and Zip Code 1910. Sophia d for future annual report notifications	Q G MAil. COM.
For further information	on concerning this matter, plea	ase call:	•
Sophia	6rigio at (7 86 356 8 Daytime Te	282 dephone Number
Enclosed is a check to	or 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)
Ma	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Atlantic Coast Deed (Must end with the words "Limited Liability Company, "L.L.O	S CCC C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabili	ty Company is:
Principal Office Address: 1806 N. Flamingo RD Suite 300 Pombroke FAIIS, F1. 33008	30x 3075 Hallandalo Fl. 33008
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You mutanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Sophia Grigio Name 1806 D. HAHINGO Florida street address (P.O. Box NOT acceptable) City Zip	
Having been named as registered agent and to accept service of process for the abo the place designated in this certificate, I hereby accept the appointment as registe capacity. I further agree to comply with the provisions of all statutes relating to the of my duties, and I am familiar with and accept the obligations of my position as a Chapter 6P\$, F.S	ered agent and agree to act in this e proper and complete performance
Registered Agent's Signature (REQUIRED)	15 HAR 27
(CONTINUED) Page I of 2	7 M 9:59

	<u>Title:</u> "AMBR" = Authorized N	Member	Name and Address:		
	"MGR" = Manager	, ;	None Other the	en Sophia	60080
			as registere		
	•				
			,		
	•				
	(Use attachment if necess	sary)			
DTIC					
Lanc	LE V: Effective date, if off fective date is listed, the descriptions.)	ner than the date of filing late must be specific as	and cannot be more than five business	OPTIONAL) days prior to or 90	days after
e date	rective date is listed, the d	are must be specime as	nd cannot be more than five business		days after
e date	of filing.) LE VI: Other provisions, if	any.	and cannot be more than five business		days after
e date	cof filing.) LE VI: Other provisions, if REQUIRED SIGNATU	any.	wa Grisso	days prior to or 90	days after
ie date	e of filing.) LE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance	any. RE: nature of a member o with section 605.0203	r an authorized representative of a m	nember. of this document	days after
ie date	REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that	nature of a member of with section 605.0203 ffirmation under the per any false information sird degree felony as project of the section of th	r an authorized representative of a mention of the facts stated he submitted in a document to the Department of the facts of the facts stated he submitted in a submitted i	nember. of this document	days after
ne date	REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that	nature of a member of with section 605.0203 ffirmation under the per any false information sird degree felony as project of the section of th	r an authorized representative of a m (1) (b), Florida Statutes, the execution malties of perjury that the facts stated h submitted in a document to the Departm	nember. of this document	days after
he date	REQUIRED SIGNATU Sig (In accordance constitutes an a I am aware that constitutes a th	nature of a member of with section 605.0203 ffirmation under the per any false information is ird degree felony as pro-	r an authorized representative of a mention of the facts stated he submitted in a document to the Department of the facts of the facts stated he submitted in a submitted i	nember. of this document terein are true ment of State	

ARTICLE IV-