

L15000103429

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2015

W PAINTER

**Coast2Coast Records
Sam Doliner
13900 SW 104 Ave
Miami, FL 33176
(305) 972-7291**

June 8, 2015

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

RE: Coast2Coast Records

Dear Sir or Madam:

Please find enclosed herewith the articles of organization for Coast2Coast Records LLC and a check for \$125. Please feel free to call me if you have any questions with respect to this matter.

Sincerely,


Sam Doliner

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coast2Coast Records 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:

Samuel Doliner
Name of Person
Coast2Coast Records LLC
Firm/Company
13900 SW 104 Ave
Address
Miami, FL 33176
City/State and Zip Code
samdoliner96@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Doliner 305 972-7291
at ()
Name of Person Area Code 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)
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Mailing Address

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

Street 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:

Coast2Coast Records 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:

13900 SW 104 Ave
Miami, FL 33176

Mailing Address:

13900 SW 104 Ave
Miami, FL 33176

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:

Joel Doliner

Name

13900 SW 104 Ave

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

Miami

FL

33176

City

State

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Samuel Doliner

13900 SW 104 Ave

Miami, FL 33176

AMBR

Zachary Hayes-Handy

1242 Foothill Blvd.

North Tustin, CA

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Samuel Doliner

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)

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