## 11500130461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100275489231

07/29/15--01006--019 \*\*160.00

(

AUG 0.3 2015 R. WHITE 15 JUL 29 AM 8: 40
ALLANASSEE, FLORMA

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJECT	Coastal Interiors of Florida, LLC.	
SUBJECT	Name of Limited Lial	bility Company
The enclos	osed Articles of Organization and fee(s) are submitt	ed for filing.
Please retu	eturn all correspondence concerning this matter to th	e following:
	Maria Magda de Quesada	
	Name	of Person
	Coastal Interiors of Florida, LLC.	
	Firm/	Company
	20281 E Country Club Drive #214	
	Ad	dress
	Aventura, FL 33180	
	-	and Zip Code
	Maria.Magda@bellsouth.net  E-mail address: (to be used for future	e annual report notification)
For further i	r information concerning this matter, please call:	•
	Maria Magda de Quesada 305	972-7334
	Name of Person Area Code	Daytime Telephone Number
Enclosed i	l is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & \$155. Certificate of Status	5.00 Filing Fee & \$\ \tag{S160.00 Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{(additional copy is enclosed)}
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FILED
	15 JUL 29 AH 8: 110
	10 205 53 VH 8: 10
	A MARTINE COLOR
ed Liability Com	pany, "L.L.C.," of "LIC.") ASSLE, FLORIDA
office of the Lin	nited Liability Company is:
	Mailing Address:
	20281 E Country Club Drive #214
	Aventura, FL 33180
ed agent are:	
)uesada	
Name	
Name	OT acceptable)
Name Club Drive #214	OT acceptable) 33180
Name Club Drive #214 ess (P.O. Box <u>N</u> 0	
	e, & Registered on Registered Agricon.)

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Au "MGR" = Man	thorized Member ager	Name and Address:
Principal		Maria Magda de Quesada
		20281 E Country Club Drive #214 Aventura, FL 33180
CFO		Luis A Figueredo 20281 E Country Club Drive #214
		Aventura, FL 33180
(Use attachmer	nt if necessary)	
•		of filing: July 25, 2015 (OPTIONAL)
EV: Effective ective date is li	date, if other than the date	of filing: July 25, 2015 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective ective date is limited in the filing.)	date, if other than the date sted, the date must be speed in this block does not n	ecific and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not
ective date is li of filing.) the date inserte	date, if other than the date sted, the date must be speed in this block does not not a date on the Department	ecific and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not
E V: Effective ective date is linf filing.) the date insertement's effective	date, if other than the date sted, the date must be speed in this block does not not a date on the Department	ecific and cannot be more than five business days prior to or 90 oneet the applicable statutory filing requirements, this date will not
E V: Effective ective date is ling.) If filing.) The date insertement's effective E VI: Other pro	date, if other than the date sted, the date must be speed in this block does not not date on the Department devisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective ective date is ling of filing.) the date insertement's effective	date, if other than the date sted, the date must be speed in this block does not not a date on the Department ovisions, if any.  GIGNATURE:	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective ective date is ling of filing.) the date insertement's effective E VI: Other pro	date, if other than the date sted, the date must be speed in this block does not not educe on the Department dovisions, if any.  Signature of a me This document is execut I am aware that any false	neet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective ective date is ling.) If filing.) The date insertement's effective E VI: Other pro	date, if other than the date sted, the date must be speed in this block does not not educe on the Department dovisions, if any.  Signature of a me This document is execut I am aware that any false	neet the applicable statutory filing requirements, this date will not of State's records.  Language Tuesda.  Imber or an authorized representative of a member.  The distribution of State in accordance with section 605.0203 (1) (b), Florida Statutes.  The information submitted in a document to the Department of State

The state of the s