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Special Instructions to Filing Officer:				
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COVER LETTER

10:	Division of Corporations				
	Coastal Appraisal & Consulting, L	С			
SUBJE	CT:	mited Liability Company	у		
The end	closed Articles of Organization and fee(s)	re submitted for filing.			
Please r	return all correspondence concerning this	natter to the following:			
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	Jeffrey R. Kuhns, Esq.				
	Name of Person				
	McCrory Law Firm, P.L.				
	Firm/Company				
	309 Tamiami Trail				
	Address				
	Punta Gorda, FL 33950				
		City/State and Zip Code			
	Ryan Kennedy, MGR: rkboar@gmail E-mail address: (to be us		t notification)		
		·	r notification)		
For furth	er information concerning this matter, ple	se call:			
	Jeffrey R. Kuhns	205-1122	2 x309		
	Name of Person	/ /	Telephone Number		
Enclose	ed is a check for the following amount:				
	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fed Certified Copy (additional copy is er	Certificate of Status &		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Bui 2661 Execu	Section Corporations		

<u>PLEASE NOTE</u>: The effective date of this limited liability company's articles of organization are January 01, 2017 (see Article VI).

ARTICLES OF ORGANIZATION OF COASTAL APPRAISAL & CONSULTING, LLC

ARTICLE I - NAME

The name of the limited liability company is COASTAL APPRAISAL & CONSULTING, LLC, a Florida limited liability company ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address: 22012 Kimble Avenue Port Charlotte, Florida 33952 Mailing Address: 22012 Kimble Avenue Port Charlotte, Florida 33952

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

RYAN M. KENNEDY 22012 Kimble Avenue Port Charlotte, Florida 33952

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, Florida Statutes.

RYAN M. KENNEDY Email: rkboar@gmail.com

ARTICLE IV - LIMITED LIABILITY PURPOSE

The purpose of the limited liability company shall be for any lawful purpose.

ARTICLE V - MANAGERS OR MEMBERS

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

Title:

Name and Address:

Manager (MGR)

RYAN M. KENNEDY 22102 Kimble Avenue

Port Charlotte, Florida 33952

ARTICLE VI - EFFECTIVE DATE

The effective date of the company shall be <u>January 1</u>, 20<u>17</u>.

REQUIRED SIGNATURE(S):

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Signiture of a member or ab authorized representative of a member.

RYAN M. KENNEDY

Typed or printed name of signee

Dated this 19^{11} day of August, 2016.

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