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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southern Florida Coastal Hor Name of Limited Liability Company	nes, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scott T. Vage (Name of Person	
Southern Florida Coastal 1-	lomes, LLO
2816 N.E. 33 Street	
Lighthouse Point FL 33064 City/State and Zip Code Scottle Southern florida coastal E-mail address: (to be used for future annual report notification	hames com
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone 1	Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}\$155.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address New Filing Section New Filing Section	
Division of Corporations P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center of Tallahassee, FL 32301	Circle $\frac{\mathbb{Z}^2}{\mathbb{Z}^2}$. \mathbb{Z}^2
	1 3 BA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Florida Coastal Homes 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:	Mailing Address:
2816 N.E. 3355 Street	2816 N.E. 3350 STreet
Lighthouse Point FL	Lighthouse POINT FL
33064	33064
,	- ' ' ' '

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:

ScoTT T. Mage (

Name

2816 N.E. 3300 Street

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

Lighthouse Point, FL 33064

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)

Page 1 of 2

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address: r
AMBR	Scott T. YAges 2816 N.E. 330 STREET
AMBR	Manci L. Yages 2816 N.E. 3378 STEET Lighthouse Point, Fl 33064
ı effective date is listed, the date m ate of filing.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days oes not meet the applicable statutory filing requirements, this date will not be lister than the state of State's records.
ICLE V: Effective date, if other than a feetive date is listed, the date mate of filing.) If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be list

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)