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17 JAN-9 AHTH: 53 SECRETARY OF STATE ALLAHASSEF, FLORIDA

EFFECTIVE DATE 01/03/17

01/16/17

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: East Coast Surface Restoration, LLC Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	Gary J. Pearce Name of Person
	East Coust Surface Restoration, LLC Firm/Company
	3894 Sierra Drive Palm Springs, FL 3346
	Palm Springs, FL 33461  City/State and Zip Code  east Cousts ufface restoration agmail.com  F-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
	of is a check for the following amount:  OFiling Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

East Coust Sufface Restoration, LL (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3894 Sierra Dr. Palm Springs, FL 33461	3894 Sierra Dr. Palm Springs, FL 33461
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	9 9
The name and the Florida street address of the registered agent a	are:
Caura P.	earce

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..

3894 Siura Drive
Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

rered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Constanting Constanting
AMBK	Chary Plance
	Palm springs, PL 33461
AMBR	- Fach Schrepfer
	3400 Sierra Drive
	raim springs, PC 35-14
	-
(Use attachment if necessary)	1.1
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