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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	se #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	Koastal Surface Cleaning LLC		
SOBJECT		of Limited Liabil	ity Company
The enclose	ed Articles of Organization and fe	ec(s) are submitted	for filing.
Please retur	rn all correspondence concerning	this matter to the f	ollowing:
	Brian Rehn		
		Name of	Person
		Firm/Co	mpany
	1702 Madrid dr		
		Addr	ess
	Largo FL 33778		
1	Coastalsurfacecleaning@gmail.co	City/State an	d Zip Code
_			nnual report notification)
For further in	formation concerning this matter.	, please call:	
	Brian Rehn	727 at (2541983
-	Name of Person		Daytime Telephone Number
Enclosed is	a check for the following amount		
	ling Fee \$130.00 Filing Fe Certificate of State	c & \$155.0 tus Certifi	0 Filing Fee & S160.00 Filing Fee. ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1 -	N	ame:	
The name o	fil	he	Limited	Liabil

lity Company is:

Koastal Surface Cleaning

(Must contain 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:
1702 Madrid Dr Largo FL 33778	1702 Madrid Dr Largo FL 33778

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:

Brian Rehn		
	Name	
1702 Madrid Dr		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Largo	FL	33778
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Brian Rehn 1702 Madrid Dr Largo FL 33778
AMBR	Nathaniel Combs 1702 Madrid Dr Largo FL 33778
(Use attachment if necessary)	
n effective date is listed, the date must be spe late of filing.) e: If the date inserted in this block does not n	of filing: (OPTIONAL) refice and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
— locument's effective date on the Department (

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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.

Brian Rehn

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)