

L190000034758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

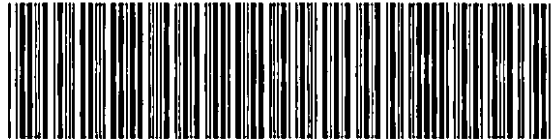
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FEB 11 2019

K. PAGE

FEB 12 2019



File # 850-245-6804

attn: Keyna Page

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2019

KIMBERLEY NICHOLAS
404 S. RAMONA AVE
INDIALANTIC, FL 32903 US

SUBJECT: COAST TO COAST MONEY MANAGEMENT, LLC
Ref. Number: W19000002558

We have received your document for COAST TO COAST MONEY MANAGEMENT, LLC and your check(s) totaling \$125.00. H document has not been filed and is being returned for the fo

COAST MONEY
er, the enclosed
g correction(s):

The designation of the registered agent must be at a Florida

at address.

Please return your document, along with a copy of this let
your filing will be considered abandoned.

thin 60 days or

If you have any questions concerning the filing of your d
(850) 245-6052.

ent, please call

Ingrid D Kelly
Regulatory Specialist II

Letter Numb

9A00000662

attached
corrected
zip code
Kim Nicholas

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Coast to Coast Money Management, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberley Nicholas

Name of Person

Coast to Coast Money Management, LLC

Firm/Company

404 S. Ramona Avenue

Address

Indianapolis, Florida 32903

City/State and Zip Code

Coastmoneymanagement@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Nicholas

321

258-6845

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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

850-245-680

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY C

Y

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coast to Coast Money Management, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Cor

Principal Office Address:

M

ddress:

404 South Ramona Avenue

404 South Ramon

Indianapolis, Florida 32903

Indianapolis, Florid

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur.

(The Limited Liability Company cannot serve as its own Registered Agent. You must des: another business entity with an active Florida registration.)

an individual or

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

Kim Nicholas

Name

100 Oak Street

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

Melbourne Beach, FL 32951

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated place designated in this certificate, I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statutes relating to the proper and complete am familiar with and accept the obligations of my position as registered agent as provided fo

i liability company at the
to act in this capacity. I
formance of my duties, and I
chapter 605, F.S..

Kim Nicholas

Registered Agent's Signature (REQUIRE

(CONTINUED)

19 FEB 11 PM 5:19
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF BROWARD

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Kimberley Nicholas

404 S. Ramona Avenue

Indianapolis, FL 32903

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kimberley Nicholas

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.

Kimberley Nicholas

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)

19 FEB 11 PM 5:19
STATE OF FLORIDA
DEPARTMENT OF STATE