

L19000148685

(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



500329919735

06/04/19--01006--012 **125.00

FILED
19 JUN -4 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 14 2019

COVER LETTER

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

SUBJECT: Coastal Housing 324, 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:

J. Brzozowska

Name of Person

Firm/Company

250 Palm Coast Parkway NE, Suite 607-502

Address

Palm Coast, Florida 32137

City/State and Zip Code

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

For further information concerning this matter, please call:

J. Brzozowska at (386) 302-1552
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

**ARTICLES OF ORGANIZATION FOR COASTAL HOUSING 324, LLC
(A FLORIDA LIMITED LIABILITY COMPANY)**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Coastal Housing 324, LLC

**ARTICLE II
ADDRESS**

The mailing address of the principal office of the Company is: 250 Palm Coast Parkway
NE, Suite 607-502, Palm Coast, Florida 32137.

Signature of member or an authorized representative:

J. Brzozowska
J. Brzozowska, Authorized Representative

FILED
19 JUN -4 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED
OFFICE**

Under the provisions of the Act, the Company submits the following statement to
designate a registered office and registered agent in the state of Florida.

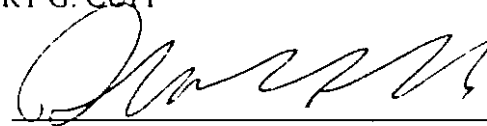
The name of the limited liability company is Coastal Housing 324, LLC

The name and the Florida street address of the registered agent are: ROBERT G. CUFF,
ESQUIRE, 33 Old Kings Road North, Suite 1, Palm Coast, Florida 32137.

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.

ROBERT G. CUFF

By:



Robert G. Cuff, Esq., Registered Agent

Date: May 31, 2019.

FILED
19 JUN -4 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA