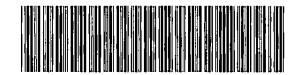
119000245841

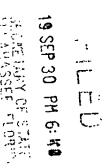
| (Reque | estor's Name) | |
|------------------------------|-----------------|-----------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | itate/Zip/Phone | ÷#) |
| PICK-UP | MAIT | MAIL |
| (Busin | ess Entity Nam | ne) |
| (Досиг | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ng Officer: | _ |
| | | |
| | | |
| | | |

Office Use Only



200335147102

U9/3U/19--U1047--U01 **160.00



M SIMMONS SEP 3 0 2019

COVER LETTER

| | w Filing Section vision of Corporations | | | |
|----------------------|---|-------------------|--|--|
| SUBJECT: | Coastal Kids Beachwear, LLC | | | |
| SUBJECT. | | Limited Liabilit | y Company | |
| The enclose | d Articles of Organization and fee(s) | are submitted f | or filing. | |
| Please retur | n all correspondence concerning this | matter to the fo | llowing: | |
| | Stephanie Barimo | | | |
| | | Name of F | Person | |
| | Coastal Kids Beachwear, LLC | | | |
| | | Firm/Con | apany | |
| | 10820 SE Seminole Terrace | | | |
| | | Addre | SS | |
| | Tequesta, FL 33469 | | | |
| s | barimo@mac.com | City/State and | Zip Code | |
| _ | E-mail address: (to be us | sed for future an | nual report notifica | ition) |
| For further in | formation concerning this matter, ple | ase call: | | |
| 9 | Stephanie Barimo at (| 561 | 301-6111 | |
| - | Name of Person | Area Code | Daytime Telepho | ne Number |
| Enclosed is | a check for the following amount: | | | |
| \$ 125.00 Fil | ing Fee S130.00 Filing Fee & Certificate of Status | Certifie | Filing Fee & d Copy I 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 | М П С 2 | Street Address New Filing Section Division of Corpora Clifton Building 661 Executive Cen Fallahassee, FL 323 | ter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Coastal Kids B | eachwear, LLC t contain the words "Limited Li | iability Company | "1 [C " or "] [C ") |
|---|---|--|--|
| (Mus | t contain the words Diffined El | idomity Company, | E.E.C. Of EEC. |
| ARTICLE II - Address: | | taa adaba titada d | Liet Trace and the |
| i ne mailing address and st | reet address of the principal off | ice of the Limited | Liability Company is: |
| <u>Pr</u> | incipal Office Address: | | Mailing Address: |
| Coastal Kids B | eachwear, LLC | Coas | stal Kids Beachwear, LLC |
| 3101 PGA Blve | | 3101 | PGA Blvd., Space E-103 |
| D. L., D L. C. | 1 77 37 440 | | D 1 D 1 EL 22410 |
| ARTICLE III - Registere The Limited Liability Corunother business entity with | th an active Florida registration. | Registered Ager Registered Agent. ' | nt's Signature: You must designate an individual or |
| ARTICLE III - Registere (The Limited Liability Cor another business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration. | Registered Ager Registered Agent. ' | nt's Signature: |
| ARTICLE III - Registere (The Limited Liability Cor another business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration street address of the registered a | Registered Ager Registered Agent. ' | nt's Signature: |
| ARTICLE III - Registere (The Limited Liability Cor another business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration street address of the registered a | Registered Agent. Value of the second | nt's Signature: |
| ARTICLE III - Registere (The Limited Liability Cor another business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration street address of the registered a Stephanie Barimo | Registered Agent. Yegistered Agent. Yegistered Agent. Yegistered Agent. Yegistered Agent. Yegistered Agent are: | nt's Signature: You must designate an individual or |
| ARTICLE III - Registere (The Limited Liability Cor another business entity with | d Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration street address of the registered a Stephanie Barimo | Registered Agent. Yegistered Agent. Yegistered Agent. Yegistered Agent. Yegistered Agent. Yegistered Agent are: | nt's Signature: You must designate an individual or |

(CONTINUED)

Registered Agent's Signature (REQUIRED)



| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | Cambonia Donina |
| AMBR | Stephanie Barimo |
| | 10820 SE Seminole Теттасе |
| | Tequesta, FL 33469 |
| AMBR | Amy Abbott |
| | 246 Seabreeze Circle |
| | Jupiter, FL 33477 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
| E V: Effective date, if other than the discrive date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not not of State's records. |
| E V: Effective date, if other than the disective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not not of State's records. |
| E V: Effective date, if other than the discrive date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not not of State's records. |
| E V: Effective date, if other than the detective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exellam aware that any face. | specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not not of State's records. |
| E V: Effective date, if other than the detective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exellam aware that any face. | member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S. |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

| | w Filing Section vision of Corporations | | |
|----------------|---|------------------|---|
| SUBJECT: | Coastal Kids Beachwear, LLC | | |
| SUBJECT | | imited Liabilit | y Company |
| The enclose | d Articles of Organization and fee(s) a | ire submitted f | or filing. |
| Please retur | n all correspondence concerning this r | natter to the fo | llowing: |
| | Stephanie Barimo | | |
| | | Name of I | Person |
| | Coastal Kids Beachwear, LLC | | |
| | | Firm/Con | npany |
| | 10820 SE Seminole Terrace | | |
| | | Addre | ss |
| | Tequesta, FL 33469 | | |
| | | City/State and | Zip Code |
| - | barimo@mac.com E-mail address: (to be use | ed for future a | nnual report notification) |
| For further in | nformation concerning this matter, plea | | • |
| | 51 - | 561 | 301-6111 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Enclosed is | a check for the following amount: | | |
| \$125.00 Fi | <u> </u> | LlCertific | O Filing Fee & S160.00 Filing Fee, d Copy l copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations | | Street Address New Filing Section Division of Corporations |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Coastal Kids Beach | wear, LLC | | |
|--|---|---|-------------------------------------|
| (Must cor | ntain the words "Limited I | Liability Company. | "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street | address of the principal o | ffice of the Limited | Liability Company is: |
| <u>Princi</u> | pal Office Address: | | Mailing Address: |
| Coastal Kids Beach | wear, LLC | | stal Kids Beachwear, LLC |
| 3101 PGA Blvd., S | | | PGA Blvd., Space E-103 |
| Palm Beach Garder | ns, FL 33410 | Palm | Beach Gardens, FL 33410 |
| another business entity with ar | active Florida registration active Florida registered | on.) | You must designate an individual or |
| another business entity with ar | i active Florida registratio | on.) | You must designate an individual or |
| another business entity with ar | active Florida registration active Florida registered address of the registered Stephanie Barimo | nn.) I agent are: Name Terrace | |
| another business entity with ar | active Florida registration active Florida registered address of the registered Stephanie Barimo | nn.) I agent are: Name Terrace | |
| another business entity with ar | active Florida registration active Florida registered address of the registered Stephanie Barimo | nn.) I agent are: Name Terrace | |
| (The Limited Liability Compar another business entity with ar The name and the Florida stree | active Florida registration active Florida registered stephanie Barimo 10820 SE Seminole Florida street addres | nn.) I agent are: Name Terrace is (P.O. Box NOT a | cceptable) |

(CONTINUED)

| | 2 | ame and Address: |
|--|---|---|
| "AMBR" = Authorize | d Member | |
| "MGR" = Manager | _ | |
| AMBR | | tephanie Barimo |
| | <u>i</u> | 0820 SE Seminole Terrace |
| | <u>1</u> | equesta, FL 33469 |
| AMBR | | Amy Abbott |
| • | | 46 Seabreeze Circle |
| | <u> </u> | upiter, FL 33477 |
| | _ | |
| | - | |
| | _ | |
| | | |
| | - | |
| | | |
| (Use attachment if no | • | OPTIONAL |
| LE V: Effective date, if fective date is listed, to of filing.) If the date inserted in the series is the date inserted in the series in the s | other than the date of filing: _ ne date must be specific and c | . (OPTIONAL) cannot be more than five business days prior to or 90 days colicable statutory filing requirements, this date will not be I ecords. |
| LE V: Effective date, if fective date is listed, to of filing.) If the date inserted in the series is the date inserted in the series in the s | other than the date of filing: ne date must be specific and c is block does not meet the appoint the Department of State's r s, if any. | cannot be more than five business days prior to or 90 days |
| LE V: Effective date, if the date is listed, to of filing.) If the date inserted in the date inserted in the date inserted in the date. | TURE: | cannot be more than five business days prior to or 90 days olicable statutory filing requirements, this date will not be I ecords. |
| LE V: Effective date, in the filling.) If the date inserted in the the date inserted in the three date. LE VI: Other provision | TURE: | cannot be more than five business days prior to or 90 days olicable statutory filing requirements, this date will not be I ecords. |
| LE V: Effective date, in fective date is listed, the of filing.) If the date inserted in the the date inserted in the the date inserted in the the date. LE VI: Other provision REQUIRED SIGNA | TURE: Signature of a member or a | n authorized representative of a member. |
| LE V: Effective date, in fective date is listed, the of filing.) If the date inserted in the the date inserted in the the date inserted in the the date. LE VI: Other provision REQUIRED SIGNATION. | TURE: Signature of a member or a document is executed in acco | cannot be more than five business days prior to or 90 days olicable statutory filing requirements, this date will not be lecords. |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)