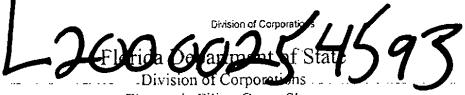
8/26/2020



Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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Email	Address:	 	 	

FLORIDA LIMITED LIABILITY CO. EAST COAST FINANCIAL CONCIERGE, LLC.

Certificate of Status	ı
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

AUG 2 7 2020

AKITCLESOFO	ORGANIZATION FOR FLOR	IIDA LIMITED I JA	BILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
	EAST COAST FI	NANCIAL COM	ግር የአርድ ተመር
(Must contain	in the words "Limited Liabi		
(istusi conta	Redic words Chines Disor	n, company. D.	, or 220. ,
ARTICLE II - Address: The mailing address and street add	dress of the principal office	of the Limited Lia	bility Company is:
Principal	Office Address:		Mailing Address:
6371 COLLINS RÓ	AD UNIT 201	6371_0	COLLINS ROAD UNIT 201
JACKSONVILLE, F		JACK	SONVILLE, FJ. 32244
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac-	annot serve as its own Regi tive Florida registration.)	stered Agent, You	Signature: i must designate an individual or
		BENNETT	
	Na		
		NS ROAD UNIT	
	Florida street address (P.0). BOX (<u>NO 1</u> 3000)	ptable)
	A OVECNOUT I		
	JACKSONVILLE	. FL	32244

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..

Cedric Bennett
Registered Agent's Signature (REQUIRED)

(CONTINUED)

LORBIAN OF STATE

To:	Page	4	^
10.	-auc	-	v

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Cedric Bennett
	6371 Collins Road unit 201
	jacksonville, Ft 32244
	> CO A
	조금 전
	<u> </u>
	्रंंतेंट्रः च
	<u> </u>
	<u></u>
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does	date of filing:
EV: Effective date, if other than the fective date is listed, the date must be of filing.)	date of filing:
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ment's effective date on the Department's effective date on the Department.	e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	chate of filing:
EV: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eligible that any	e date of filing:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)