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(Address)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL CAPITAL MANAGEMENT LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RITA RINDONE-GOICURIA
(Name of Person)

COASTAL CAPITAL MANAGEMENT LLC
(Firm Company)

9725 SW 115 COURT
(Address)

MIAMI FL 33176
(City State and Zip Code)

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

For further information concerning this matter, please call:

RITA RINDONE-GOICURIA at (305) 8781741
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Reinstatement Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2-14)

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: COASTAL CAPITAL MANAGEMENT LLC

SECOND: The Florida Document Number of the limited liability company is: _____

THIRD: The street address of the limited liability company's principal office is:

9725 SW 115 COURT, MIAMI, FL 33176

The mailing address of the limited liability company's principal office is:

9725 SW 115 COURT, MIAMI, FL 33176

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.
   a. Granted to: RITA RINDONE-GOICURIA
   b. No authority granted to: _____
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to: RITA RINDONE-GOICURIA
   b. No authority granted to: _____

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Signature of authorized representative

Rita Rindone Goicuria
Typed or printed name of signature

Signature of authorized representative

Rafael Goicuria II
Typed or printed name of signature

Signature of authorized representative

ANGELO EGUIZABAL
Typed or printed name of signature

Filing Fee: $25.00
Certified Copy: $30.00 (optional)

CR2E138 (12-14)