

L20000394877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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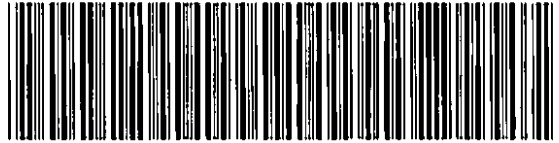
(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION
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**CORPORATE
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PICK UP: 12/23/2020

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LLC

1. **REAL COASTAL, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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TALLAHASSEE, FLA.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Real Coastal, 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.

Allison Carlton
Name of Person

Firm/Company

1223 Seaspay Avenue
Address

Delray Beach, FL 33483
City, State and Zip Code

Allison. S. Carlton@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Allison Carlton at 305 394-9205
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 DEC 23 AM 11:48

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Real Coastal, LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>1223 Seaside Ave</u> <u>Delray Beach, FL 33483</u>	<u>1223 Seaside Ave</u> <u>Delray Beach, FL 33483</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

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

NRAI Services, Inc
Name
1700 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

<u>Plantation</u>	<u>Florida</u>	<u>33324</u>
City	State	Zip

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.

NRAI Services, Inc
By [Signature]
Registered Agent's Signature (REQUIRED)

JOHN CRUICK, JR.

(CONTINUED)

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CLERK OF CIRCUIT COURT
MIAMI-DADE COUNTY, FL

ARTICLE IV:

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Managing
member

Name and Address:

Allison Carlton, 1223 Seagrove Ave
Delray Beach, FL 33483

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing. _____ (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:

Allison Carlton

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.

Allison Carlton

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)

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