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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

: (215)563-8113

Fax Number

: (215)977-9386

Enter the email address for this business entity to be used for future 🗗 annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA LIMITED LIABILITY CO.

Coastal Baby and Kids, LLC

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Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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03/10/2022 11:31 AM

To:

Fax: (850) 617-6381

(((H220000910583)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

From: M. BURR REIM CO

The name of the Limited Liability Company is:

Coastal Baby and Kids, LLC

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

ARTICLE II - Address:

set address of the principal office of the Limited Liability Company is: The maili

St. Petersburg

Principal (Office Address:	Mailing Address:
120 Everest Lane		120 Everest Lane
St. Johns, FL 32259		St. Johns, FL 32259
he Limited Liability Company ca	nnot serve as its own Reg	egistered Agent's Signature: istered Agent. You must designate an individual
RTICLE III - Registered Agent The Limited Liability Company can tother business entity with an action the name and the Florida street ade	innot serve as its own Reg ive Florida registration.)	istered Agent. You must designate an individual
The Limited Liability Company canother business entity with an action the name and the Florida street address.	innot serve as its own Reg ive Florida registration.)	istered Agent. You must designate an individual nt are:
The Limited Liability Company canother business entity with an action the name and the Florida street address.	nnot serve as its own Regive Florida registration.) dress of the registered age. Registered Agents	istered Agent. You must designate an individual nt are:
The Limited Liability Company canother business entity with an action he name and the Florida street add	nnot serve as its own Regive Florida registration.) dress of the registered age. Registered Agents	istered Agent. You must designate an individual nt are: inc. me

Zip City State 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

33702

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H220000910583)))

ARTICLE IV-

(((H220000910583)))

<u>Title:</u>	Name and Address:	
'AMBR" = Authorized	Member	
MGR" = Manager	houston & abuta	
AMBR	Justin Adair	
	120 Everest Lane St. Johns, FL 32259	
	5t. Johns, Pt 52255	
		-
EV: Effective date, if o ctive date, the	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to o	r 90 da
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