

W220000145422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

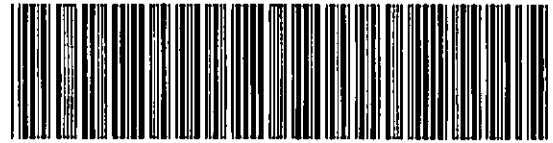
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22000037294

Office Use Only



500382737985

03/03/22--01007--015 \*\*130.00

*[Signature]*  
4/7/22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2022

LARA M CURRIE  
1133 BAY RD  
LAKE GEORGE, NY 12845

SUBJECT: COASTAL RENTALS 4 US, LLC  
Ref. Number: W22000037294

We have received your document for COASTAL RENTALS 4 US, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 722A00006693

4/4/22

722A00006693

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

SUBJECT: Coastal Rentals 4 Us, 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:

Lara M. Currie

Name of Person

Firm/Company

1133 Bay Road

Address

lake George, NY 12845

City/State and Zip Code

laracurric429@gmail.com

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

For further information concerning this matter, please call:

Lara Currie

518

744-0820

at

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

4000

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Coastal Rentals 3 Us, 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:

**Principal Office Address:**

**Mailing Address:**

1133 Bay Road, Lake George NY 12845

same

**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:

Lisa Perez

Name

6906 Belleair Ave

Florida street address (P.O. Box **NOT** acceptable)

Ft. Pierce

FL

34951

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
JUN 11 2007  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Lara Mehr Currie  
1133 Bav Road  
Lake George NY 12845

AMBR

John V. Currie  
1133 Bav Road  
Lake George NY 12845

AMBR

Konrad Erik Mehr  
1150 10th Ave., NE  
Htsaquah WA 98029

(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:**



**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.

Lara Mehr Currie

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)

2013-07-11 09:57

COVER LETTER

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2007  
FEB 27

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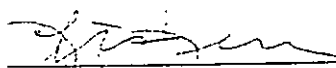
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025-11-05 11:05:57

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**Name and Address:**

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AMBR

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Lake George NY 12845

AMBR

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\$ 5.00 Certificate of Status (Optional)

2007 JUN 11 11:06 AM