(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	questor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(City/State/Zip/Phone #)	(Ad	dress)	
(City/State/Zip/Phone #)		· · · · ·	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Ad	dress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Cit	y/State/Zip/Phone	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP		MAIL
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Bu	siness Entity Nan	ne)
Certified Copies Certificates of Status Special Instructions to Filing Officer:		cument Number)	
Special Instructions to Filing Officer:	(20	cument rumbery	
	Certified Copies	_ Certificates	of Status
	Special Instructions to	Filing Officer:	
		Office Use Oni	



06/07/22--01005--009 *+125.00



	INC. P.O. Box	236 East 6th Avenue. Tallahassee, Florida 32303 x 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
		PICK UP: <u>6/7 LYNES</u>
	CERTIFIED COP	РҮ
XX	рнотосору	
	CUS	
XX	FILING	
	COASTAL LIVING	DOCUMENT #)
-(CORPORATE NAME AND	DOCUMENT #)
(CORPORATE NAME AND	DOCUMENT #)
(CORPORATE NAME AND	DOCUMENT #)
(CORPORATE NAME AND	DOCUMENT #)
(CORPORATE NAME AND	DOCUMENT #)

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

Article 1. Name.

The name of the Florida limited liability company is Coastal Living Property Services, LLC (herein referred to as the "Company").

Article 2. Principal Place of Business.

The Company's principal place of business in this state is:

10407 Atenia Street Port Charlotte, FL 33981

Article 3. Mailing Address.

The Company's mailing address in this state is:

10407 Atenia Street Port Charlotte, FL 33981

Article 4. Registered Agent.

The name and address of the Company's Florida registered agent and registered office is:

Castro Potts Law Firm, PLLC 1990 Main Street, Ste 750 Sarasota, FL 34236

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.

Sara Castro Potts as Manager of Castro Potts Law Firm, PLLC, Registered Agent

Article 5. Management.

The management of the Company shall be vested pursuant to an operating agreement in the following manager(s), who shall be appointed by the members. The names and street addresses of the manager(s) are:

ា â

Pasquale Monti 10407 Atenia Street Port Charlotte, FL 33981

.

,

Lisa Coleman 10407 Atenia Street Port Charlotte, FL 33981

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.

b 10

Sara Castro Potts, as Authorized Representative of Member

FILED