Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097

Phone : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. cozadventures@gmail.com

Email Address:_

FLORIDA LIMITED LIABILITY CO. Coastline Colors Painting, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Tuesday, October 18, 2022

To: New Filing Section
Division of Corporation

Subject: COASTLINE COLORS PAINTING, 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:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

2 OCT 25 PH I2: 35

ARTICLES OF ORGANIZATION

FOR

COASTLINE COLORS PAINTING, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: Coastline Colors Painting, LLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

1030 Whimbrel Run Bradenton, FL 34212

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Brian Reilly 4120 Cape Vista Dr Bradenton FL 34209

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 the Chapter 605, F.S.

Brian Reilly (sign)

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Brian Reilly 1030 Whimbrel Run Bradenton, FL 34212

ARTICLE V.

The Effective date shall be the date of filing.

BA	(sign)
Signature of a member or an authorized re. This document is executed in accordance with section and aware that any false information submitted in a constitutes a third-degree felony as provided.	on 605.0203 (1) (b), Florida Statutes, document to the Department of State
Brian Reill	ly
Authorized Representati	ive/Member