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(Document Number)
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1855 Coastal C	elebration LLC		—' —-
Please Debit 120	0000000257 For:		
Thank you Seth	Neelev	50	
Stop			Art of Inc. File LTD Partnership File
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			L.C. File
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			Certificate of Status
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COVER LETTER

то:	New Filing Section Division of Corporations				
SURII	1855 Coastal Celebration LLC				
0.000	Name	of Limited Liabi	lity Company		
The en	sclosed Articles of Organization and fee	(s) are submitted	l for filing.		
Please	return all correspondence concerning the	nis matter to the	following:		
	Eduardo Gracia Lopez				
		Name of	Person	-	
		Firm/Co			
		rimocc	трапу		
	1317 Edgewater Dr. Suite 1702				
		Addı	ress		
	Orlando - FL -32804		•		
		City/State ar	ıd Zip Code		
	eduardo@graciacapital.com E-mail address: (to be	used for future	annual report notificati	on)	
For furtl	her information concerning this matter,	please call:			
	Eduardo Gracia Lopez	214 at (592-2065 _)		
	Name of Person	Area Code	Daytime Telephon		
Enclos	ed is a check for the following amount:				
□\$12	5.00 Filing Fee	is Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address New Filing Section Di	ivicion	
	New Filing Section Division of Corporations P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liability Company is:			
1855 Coastal Celebration LLC			
(Must contain the words "Limited Liab	ility 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:		
1317 Edgewater Dr Suite 1702	1317 Edgewater Dr Suite 1702		
Orlando, F1, 32804	Orlando, FL 32804		
ARTICLE III - Registered Agent, Registered Office, & R			
(The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	istered Agent. You must designate an individual or		
The name and the Florida street address of the registered age	nt are:		
Eduardo Gracia Lopez			

Name
1317 Edgewater Dr Suite 1702

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

Orlando Florida 32804
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)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR — Wallager	Eduardo Gracia Lonez 1317 Edgewater Dr Suite 1702 Orlando - FL - 32804
MGR	Juliana Berbel Manaia Gracia 1317 Edgewater Dr Suite 1702 Orlando - FL - 32804
If an effective date is listed, the date must be ne date of filing.)	ate of filing:
<u>REOUIRED</u> SIGNATURE:	E
This document is exec	member or an authorized representative of a member. cuted 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.

Eduardo Gracia Lonez Typed or printed name of signee

Filing Fees:

TO THE PART OF THE \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)