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COVER LETTER

TO:	New Filing Sec Division of Cor				
		ldcare LLC.			
SUBJE	CT:	Name of L	imited Liabi	lity Company	<u> </u>
The enc	losed Articles of	Organization and fee(s)	are submitted	l for filing.	
		_			
Please r	eturn an correspo	ndence concerning this	matter to the	tottowing.	
	Ella Pearl Lis	ike Wuttke			
			Name o	Person	
	Coastal Chile	lcare LLC.			
		_	Firm/C	əmpany	
	161 Pennock	Trace Drive			
			Add	ress	·
	Jupiter, Flori	da 33458			
			City/State a	nd Zip Code	
	ellapwuttke@	<u> </u>			· · · · · · · · · · · · · · · · · · ·
	F	E-mail address: (to be us	ed for future	annual report notificati	ion)
For further	er information co	ncerning this matter, ple	ase call:		
	Ella Wuttke		404	7251140)	
	Nam			Daytime Telephon	e Number
Enclose	d is a check for t	he following amount:			
■ \$125	.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ig Address iling Section on of Corporations		Street Address New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

tain the words "Limited address of the principal of the p	office of the Limited L			
pal Office Address:				
Drive	161 Pe	Mailing Address:		
	161 Pe			
		161 Pennock Trace Drive		
	Jupiter	, Florida 33458		
t address of the registere Ella Wuttke	d agent are:			
	Name			
161 Pennock Trace	Drive			
Florida street addre	ss (P.O. Box NOT acc	eptable)		
Jupiter	Florida	33458		
City	State	Zip		
e, I hereby accept the ap _i provisions of all statutes	pointment as registered relating to the proper of	l agent and agree to act in this	: capacity. I ny duties, and	
	y cannot serve as its own active Florida registration to address of the registered Ella Wuttke 161 Pennock Trace Florida street address of the registered Trace of the provisions of all statutes of the approvisions of all statutes.	y cannot serve as its own Registered Agent. You active Florida registration.) t address of the registered agent are: Ella Wuttke Name 161 Pennock Trace Drive Florida street address (P.O. Box NOT account agent and to accept service of process for the agent and to accept the appointment as registered provisions of all statutes relating to the proper a	Ella Wuttke Name 161 Pennock Trace Drive Florida street address (P.O. Box NOT acceptable) Jupiter Florida 33458 City State Zip A agent and to accept service of process for the above stated limited liability code. I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance of n	

(CONTINUED)

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

<u>Title:</u>		Name and Address:	
	thorized Member		
"MGR" = Mana	ager		
AMBR		Ella Wuttke	
	=	161 Pennock Trace Drive	
		Jupiter, Florida 33458	
MGR		Ella Wuttke	
.VIOR		161 Pennock Trace Drive	
		Jupiter, Florida 33458	
EV: Effective of ctive date is list filling.)	date, if other than the dat	te of filing: April 9, 2023 (OPTION pecific and cannot be more than five business days prio meet the applicable statutory filing requirements, this day	r to or 90 d
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