

L2500000007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

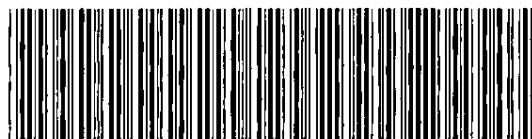
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

178 Coral Ave LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



2025 11-2 9:47

___	Art of Inc. File	___
___	LTD Partnership File	___
___	Foreign Corp. File	___
___	L.C. File	___
___	Fictitious Name File	___
___	Trade/Service Mark	___
___	Merger File	___
___	Art. of Amend. File	___
___	RA Resignation	___
___	Dissolution / Withdrawal	___
___	Annual Report / Reinstatement	___
___	Cert. Copy	___
___	Photo Copy	___
___	Certificate of Good Standing	___
___	Certificate of Status	___
___	Certificate of Fictitious Name	___
___	Corp Record Search	___
___	Officer Search	___
___	Fictitious Search	___
___	Fictitious Owner Search	___
___	Vehicle Search	___
___	Driving Record	___
___	UCC 1 or 3 File	___
___	UCC 11 Search	___
___	UCC 11 Retrieval	___
___	Courier	___

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**COVER LETTER**

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

**SUBJECT:** 178 Coral Ave 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:

Samuel A. Persaud, Esq.

Name of Person

Persaud Law Group

Firm/Company

31 Ocean Reef Drive, Suite A-201

Address

Key Largo, FL 33037

City/State and Zip Code

sp@pllegal.law

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

For further information concerning this matter, please call:

Samuel A. Persaud, Esq. 305 367-3300  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

178 Coral Ave 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:

31 Ocean Reef Drive, Suite A-201  
Key Largo, FL 33037

Mailing Address:

31 Ocean Reef Drive, Suite A-201  
Key Largo, FL 33037

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:

Samuel A. Persaud, Esq.

Name

31 Ocean Reef Drive, Suite A-201

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

Key Largo

FL

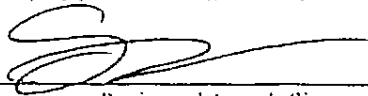
33037

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)

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**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

Russell Post

31 Ocean Reef Drive, Suite A-201

Key Largo, FL 33037

MGR

Sebastian Del Negro

31 Ocean Reef Drive, Suite A-201

Key Largo, FL 33037

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(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:**

Signed by:



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.

Sebastian Del Negro

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)