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	COASTLINE FINANCIAL PARTNERS, L.C.		LED LED RY OF STA	
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ARTICLES OF INCORPORATION XX CERTIFICATE OF LIMITED PARTNERSHIP				
PLEASE RETURN THE	FOLLOWING AS PROOF OF FIL	ING:	AIG S	
XX CERTIFIED PLAIN STAM CERTIFICAT			RECEIVE 97 FEB -4 PM 1: Vision of corpo	
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ARTICLES OF ORGANIZATION OF

COASTLINE FINANCIAL PARTNERS, L.C.

A Florida Limited Liability Company

ARTICLE I - Name:

The name of this Limited Liability Company shall be:

COASTLINE FINANCIAL PARTNERS, L.C.

ARTICLE II - Address:

The mailing address of the limited liability company shall be: c/o STERN & MILLER, 25 Ford Road, Westport, Connecticut 06880.

The principal office of the limited liability company shall be c/o Corporation Services Company, 1201 Hays Street, Suite 105, Tallahassee, Florida 32301, and such other place or places as the members from time to time may determine.

ARTICLE III - Duration:

The period of duration shall be:

UNTIL THE EARLIER OF THIRTY YEARS FROM THE DATE THESE ARTICLES ARE FILED WITH THE SECRETARY OF STATE OF FLORIDA OR DECEMBER 31, 2025.

ARTICLE VI - Management:

(check and complete the appropriate statement)

<u>XXX</u> The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Michael Miller 25 Ford Road Westport, Connecticut 06880

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) are:

NOT APPLICABLE



ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of admission shall be:

NO ADDITIONAL MEMBERS MAY BE ADMITTED, EXCEPT UPON UNANIMOUS VOTE OF ALL MEMBERS.

ARTICLE VI - Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

THE REMAINING MEMBERS MAY CONTINUE THE BUSINESS OF THE LIMITED LIABILITY COMPANY UPON UNANIMOUS APPROVAL OF THE REMAINING MEMBERS, PROVIDED HOWEVER THAT SUCH CONTINUATION DOES NOT CHANGE THE FEDERAL OR STATE TAX STATUS OF THE COMPANY.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of <u>COASTLINE FINANCIAL PARTNERS, L.C.</u> deposes and says:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the members is \$2,000;
- 3) if any, the agreed value of property, other than cash contributed by member(s) is:
- \$ NONE _. A description of the property is attached and made a part hereto.

4) the total amount of cash or property anticipated to be contributed by member(s) is \$2,000.00. This total includes amounts from 2 and 3 above.

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes affirmation under penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT IN THE STATE OF FLORIDA.

1. P /	The name of the limited liability company is: COASTLINE FINANCIAL ARTNERS, L.C.
2.	The name and address of the registered agent and office is:
	Corporation Services Company
	(Name) 1201 Hays Street, Suite 105
	(P.O. Box not acceptable) Tallahassee, Florida 32301 (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 certificale, 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.

Signature) KAREN B. ROZAR as its agent

2-4-(Date)

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA