

L13000029463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200244365432

02/25/13--01014--002 **138.75

FILED

2013 FEB 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 26 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COASTAL CONCESSIONS, L.L.C.
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:

KERRY ANNE SCHULTZ, ESQUIRE

Name of Person

FOUNTAIN, SCHULTZ & ASSOCIATES, PL

Firm/Company

2045 FOUNTAIN PROFESSIONAL CT., STE. A

Address

NAVARRE, FLORIDA 32566

City/State and Zip Code

KASCHULTZ@FOUNTAINLAW.COM

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

For further information concerning this matter, please call:

BRENDA L. TURLEY at (**850**) **939-3535**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$138.75 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2013 FEB 25 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

COASTAL CONCESSIONS, L.L.C.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be "COASTAL CONCESSIONS, L.L.C." ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office of the Company shall be 33 Hoffman Drive, Gulf Breeze, FL 32561, and the street address of the principal office of the Company shall be 33 Hoffman Drive, Gulf Breeze, FL 32561.

ARTICLE III - DURATION

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual.

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

Incite Solutions, L.L.C.
33 Hoffman Drive
Gulf Breeze, FL 32561

Managing Member

Solid Storage, LLC
14 San Carlos Avenue
Gulf Breeze, FL 32561

Managing Member

Wise Choice Holdings, LLC
33 Hoffman Drive
Gulf Breeze, FL 32561

Managing Member

ARTICLE V - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Kerry Anne Schultz, Esquire, 2045 Fountain Professional Court, Suite A, Navarre, Florida, 32566.

ARTICLE VI - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII - MEMBERS RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE X - AMENDMENT

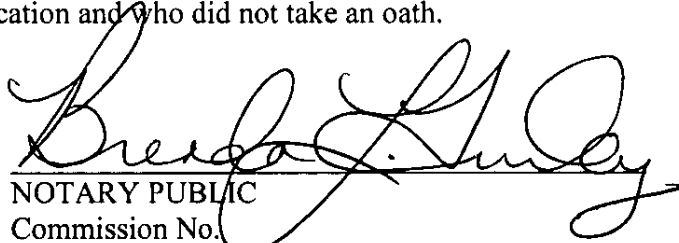
These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.

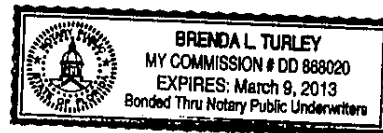

KERRY ANNE SCHULTZ, Organizer

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to and subscribed before me this 22nd day of February, 2013, by
KERRY ANNE SCHULTZ, who (☒) is personally known to me or who () has produced
_____, as identification and who did not take an oath.




NOTARY PUBLIC
Commission No. _____
My Commission Expires: _____



**ACCEPTANCE OF DESIGNATION AS
RESIDENT AGENT**

KERRY ANNE SCHULTZ, ESQUIRE, the designated resident agent of COASTAL CONCESSIONS, L.L.C., does hereby certify that her business address is 2045 Fountain Professional Court, Suite A, Navarre, Florida 32566, do hereby accept the designation and appointment as resident agent of COASTAL CONCESSIONS, L.L.C, a Florida Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

DATED this 22nd day of February, 2013.


KERRY ANNE SCHULTZ, ESQUIRE

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me this 22nd day of February 2013, by KERRY ANNE SCHULTZ who (☒) is personally known to me or who (☐) has produced a driver's license as identification and has taken an oath.


NOTARY PUBLIC

Commission No.: _____

Commission Expires: _____



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB 25 AM 11:11

FILED