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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Coastal Building Supply, 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:			
Wm. Scott Schulten			
(Name of Person)			
Schulten Ward & Turner, LLP			
(Firm/Company)			
260 Peachtree Street, Suite 2700	בארר הארר	우	
(Address)	AH.	JUN 25	1
Atlanta, Georgia 30303	SSE VIVE		
(City/State and Zip Code)		P	
For further information concerning this matter, please call:	FLORIDA	PH 2: 41	U
Wm. Scott Schulten at (404) 688-6800			
(Name of Person) (Area Code & Daytime Telephone Number)			

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

and street address of the principal office of the Limited Liability Company is Mailing Address: 4770 Highway 98	ARTICLE II - Add	ING SUPPLY, LLC	
Santa Rosa Beach, FL 32459 Santa Rosa Beach, FL 32459 gistered Agent, Registered Office, & Registered Agent's Signature: lorida street address of the registered agent are: NRAI Services, Inc. Name 526 E. Park Avenue Florida street address (P.O. Box NOT acceptable) Tallahassee, FLORIDA 32301 City, State, and Zip ered agent and to accept service of process for the above stated limited liability ated in this certificate, I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statutes relating to the proper from the provision as a language of the complete of			e principal office of the Limited Liability Company
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Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Kevin Rogers 4770 Highway 98 Santa Rosa Beach, FL 32459 MGRM **Brett Holloway** 4770 Highway 98 Santa Rosa Beach, FL 32459 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Charles E. Feder Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)