i- Langood	200.	7159
Requester's Name 11745 Tancelo Un Address SuckSonville, FL 322 City/State/Zip Phone #	3/1	MJH
CORPORATION NAME(S) & DOCUM	ENT_NUMBER(S), (if ko	fice Use Only own):
1. 00 789- 02595 - 00 (Corporation Name)	(Document #)	WO1-9541
2. (Corporation Name)	(Document #)	000040444620 -04/23/0101126011 ****130.00 ****130.00
3. (Corporation Name)	(Document #)	्राप्ति । १ <u>०</u>
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger REGISTRATION/QUA	ed Agent FCRETARY - 7
OTHER FILINGS Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	ALIFICATION FOR STATE STATE
		Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 27, 2001

DAN TOMLIN 11765 TANGELO LN. JACKSONVILLE, FL 32223

SUBJECT: 1STCOASTWEB.NET Ref. Number: W01000009541

We have received your document for 1STCOASTWEB.NET and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 901A00024990

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·		
ARTICLE I - Name:		
The name of the Limited Liability Company is: 15-COASTWEB.NET, L.L.C.		
15TCC/ASTWEB.NET, L.L.C.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con	npany is:	
PO BOX 23074		
Jacksonville, FL 32241 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature	e:	
The name and the Florida street address of the registered agent are:		
Name 11765 Tangelo LN. Florida street address (P.O. Box NOT acceptable) Jack Sonville, FL 32223 City, State, and Zip		
Name		
Florida street address (P.O. Box NOT acceptable)		
Jacksonville, FL 32223		
City, State, and Zip		
liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the proving statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608, Full 16 18 2001	sions of all vith and	
Registered Agent's Signature		
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company. (An additional article must be added if an effective date is requested)	s and is,	
Want Tali 4-18-2001		
Signature of a member or an authorized representative of a member.	2 2 2 E	
(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.)	MAY - 7 PM 4: 35 CRETARY OF STATE LAHASSEE, FLORID	
Daniel Tombin	HY P	- Fre
Typed or printed name of signee	FS =	
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)	+: 35 TATE ORIDA	