- LOQOOGOGS970 - Melya M. Johnson - 11 Blue CIAB Lane - Panacea, J1. 32346 - Panacea, J1. 32346

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

CR2E031(7/97)

1.	
(Corporation Name)	(Document #) 7009057554147
(Corporation Name)	(Document #) ****125.00 ****125.00
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
□ Walk in □ Pick up time □ Mail out □ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other OTHER FILINGS □ Annual Report □ Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

L.L.C.

ARTICLE I - Name: The name of the Limited Liability Company is: Coastal Direct Scotood
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1 Bloc Crob Lane Panacea, FL 32346 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Debra M. Johnson Name 11 Blue Crab Lanc Florida street address (P.O. Box NOT acceptable) Panacea FL 32346 City, State, and 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 608, F.S. Registered Agent is Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) 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.) DEBRA

Typed or printed name of signee

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)