

L03000010996

03 MAR 26 AM 11:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

5599 commonwealth ave
(Address)

Jacksonville, FL 32254
(Address)

(City/State/Zip/Phone #)

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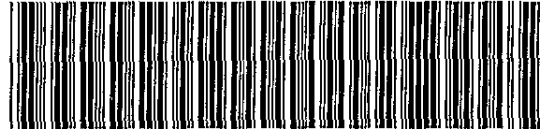
(Business Entity Name)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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COASTAL SALES + MARKETING, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5599 COMMONWEALTH AVE
JACKSONVILLE, FL 32254

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

WILLIAM SCHUMPP

Name

5599 COMMONWEALTH AVE

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32254

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.

Will Schump

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Will Schump

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.)

WILLIAM SCHUMPP

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)