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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

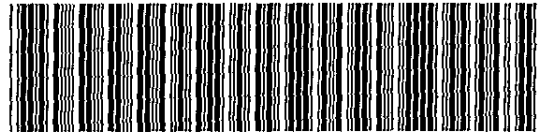
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DIVISION OF CORPORATIONS
03 OCT 29 PM 4:00

4p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL TESTING LABORATORY 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:

JOSEPH ROMANO

(Name of Person)

COASTAL TESTING LABORATORY

(Firm/Company)

P.O. Box 2023

(Address)

PALM CITY FL 34991-2023

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH ROMANO

(Name of Person)

at 772 220 6688

(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
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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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

COASTAL TESTING LABORATORY L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1969 S.W. PALM CITY RD.
STUART FL 34994

Mailing Address:

P.O. Box 2023
PALM CITY FL 34991-2023

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

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

JOSEPH ROMANO

Name

1969 S.W. PALM CITY RD.

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

STUART

FLORIDA 34994

City, State, and Zip

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DIVISION OF CORPORATIONS
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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, Florida Statutes..


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

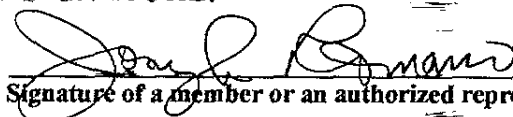
"MGR"

JOSEPH ROMANO
1769 SW PALM CITY RD
STUART FL 34994

(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.)

JOSEPH ROMANO

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 29 PM 4:00