

L03000046368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

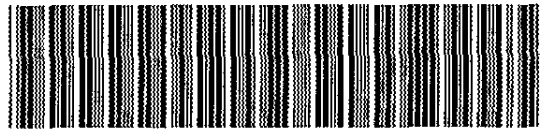
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PS 11/20

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL POOLWORKS 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:

MIKE M. COPELAND
(Name of Person)

POOLWORKS
(Firm/Company)

88 HARVEY MILL RD.
(Address)

CRAWFORDVILLE, FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE COPELAND at (850) 566-7946
(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

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TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COASTAL POOLWORKS LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

88 HARVEY MILL RD.
CRAWFORDVILLE, FL
32327

88 HARVEY MILL RD.
CRAWFORDVILLE, FL
32327

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

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

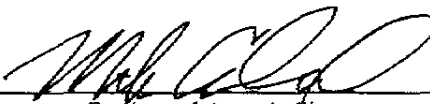
MIKE M. COPELAND
Name

88 HARVEY MILL RD.
Florida street address (P.O. Box NOT acceptable)

CRAWFORDVILLE, FL 32327
City, State, and Zip

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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, F.S..


Registered Agent's Signature

(CONTINUED)

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:

MGRM

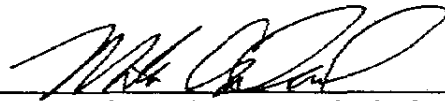
MIKE M. COPELAND
88 HARVEY MILL RD.
CRAWFORDVILLE, FL 32327

(Use attachment if necessary)

EFFECTIVE DATE JAN. 1, 2004

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.)

MIKE M. COPELAND

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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TALLAHASSEE FLORIDA

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