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TRANSMITTAL LETTER

SUBJECT: COOSHAL Fiberglass Inc. 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:
Cindy H. Dougherty (Number of Person)
Coastal Fiberglass Inc. L.L.C.
8485 KREGG DR. (Address)
Brooksville, Fl. 34601 (City/State and Zip Code)

For further information concerning this matter, please call:

TO:

Registration Section
Division of Corporations

Cindy Dougherty at (35a) 754-1286.

(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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 27, 2004

CINDY M DOUGHERTY 8485 KREGG DR BROOKSVILLE, FL 34601

SUBJECT: COASTAL FIBERGLASS INC, L.L.C.

Ref. Number: W0400003469



We have received your document for COASTAL FIBERGLASS INC, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 904A00005468

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	\mathfrak{I}
Coastal Fiberglass	i., L.L.C.
ARTICLE II - Address: The mailing address and street address of the princip	eal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8485 Kregg Deive	_same.
Brooksville, FL 34001	ACE P
	AH THE
	SSE STATE OF THE S
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	ice, & Registered Agent's Sign : :
	RI T
Cindy May Doug	herty.
Florida street attoress (P.O. Box	(NOT acceptable)
Brooksville City, Slate, and Zi	FLORIDA 34601

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..

egistered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	Cindy M. Doughesty 8485 Kregg Dr. Brooksville, Fl. 34601
	HASSE!
(Use attachment if necessary)	FE GORALDA

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.)

Cindy H. Dougherty
Typed or printed dame 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)