

W4 000020201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

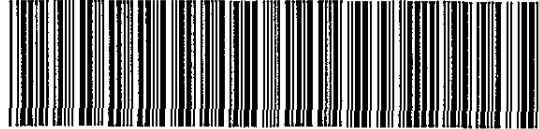
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800028934618

02/24/04--01048--003 **125.00

03/16/04--01063--013 **25.00

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06 FEB 2004 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4-20201
QR

EFFECTIVE DATE
3-1-04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 5, 2004

MICHELLE YVONNE WALKER
1420 MINNESOTA AVENUE
LYNN HAVEN, FL 32444

SUBJECT: COASTAL CUSTOM HOME & REMODELING, LLC
Ref. Number: W04000008993

We have received your document for COASTAL CUSTOM HOME & REMODELING, LLC and check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file the articles of organization is \$125.00 and \$25.00 to file the conversion a total of \$150.00,

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 504A00014831

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 PM 2:17

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL CUSTOM HOMES & REMODELING, 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:

MICHELLE YVONNE WALKER

(Name of Person)

COASTAL CUSTOM HOMES & REMODELING, LLC

(Firm/Company)

1420 MINNESOTA AVE.

(Address)

LYNN HAVEN, FLORIDA 32444

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE

(Name of Person)

at (850) 785-4412

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 PM 2:13

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CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

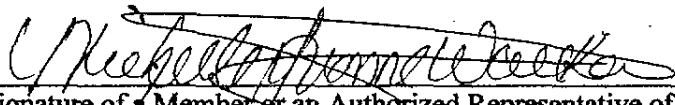
COASTAL CUSTOM HOMES & REMODELING

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: 5/1/2000
- B. Jurisdiction: BAY COUNTY, FLORIDA
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: _____

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

COASTAL CUSTOM HOMES & REMODELING, LLC


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.)

MICHELLE YVONNE WALKER

Typed or Printed Name of Signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Filing Fee for Registered Agent Designation
\$ 25.00 Filing Fee for Certificate of Conversion
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

SECRETARY OF STATE
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 CUSTOM HOMES & REMODELING, LLC

ARTICLE II - Address:

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

Principal Office Address:

1420 MINNESOTA AVE.

LYNN HAVEN, FL 32444

Mailing Address:

1420 MINNESOTA AVE.

LYNN HAVEN, FLORIDA 32444

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

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

MICHELLE YVONNE WALKER

Name

1420 MINNESOTA AVE.

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

LYNN HAVEN, FLORIDA 32444

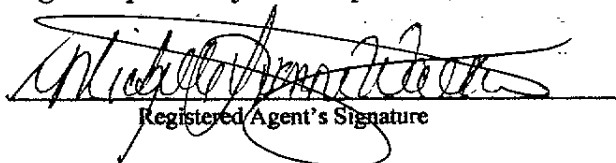
City, State, and Zip

SECRETARY OF STATE
ALABAMA

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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:

MGRM

MICHELLE YVONNE WALKER

1420 MINNESOTA AVE.

LYNN HAVEN, FLORIDA 32444

MGRM

WAYNE ALLEN WALKER

1420 MINNESOTA AVE.

LYNN HAVEN, FLORIDA 32444

(Use attachment if necessary)

ADD ARTICLE

ARTICLE V - EFFECTIVE DATE DESIGNATION

THE EFFECTIVE DATE FOR THIS COMPANY SHALL BE MARCH 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.)

MICHELLE YVONNE WALKER

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)

RECEIVED OF STATE
TALLAHASSEE, FLORIDA

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