

L04000061519

SMcWilliams
8824 Winged Foot Dr.
Tallahassee, FL 32312

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2004 AUG 19 AM 8:55
J. BRYAN
TALLAHASSEE, FLORIDA

W04-30465
J. BRYAN AUG 10 2004

J. BRYAN AUG 20 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Getaways, 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:

Shannon McWilliams
(Name of Person)

(Firm/Company)

8824 Winged Foot Drive
(Address)

Tallahassee, FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon McWilliams at (850) 294-9266
(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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DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 10, 2004

SHANNON MCWILLIAMS
COASTAL GETAWAYS, LLC
8824 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312

SUBJECT: COASTAL GETAWAYS, LLC
Ref. Number: W04000030465

We have received your document for COASTAL GETAWAYS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 904A00049559

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coastal Getaways, LLC

ARTICLE II - Address:

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

Principal Office Address:

7757 Cricklewood Drive

Tallahassee, FL 32312-6758

Mailing Address:

PMB#228

6753 Thomasville Rd.

Tallahassee, FL 32312

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

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

Shannon McWilliams

Name

8824 Winged Foot Drive

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

Tallahassee

FLORIDA 32312

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, Florida Statutes..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Michael A. Roberts, Jr.

7757 Cricklewood Drive

Tallahassee, FL 32312-6785

MGRM

Shannon P. McWilliams

8824 Winged Foot Drive

Tallahassee, FL 32312

MGRM

Suzanne Roberts

7757 Cricklewood Drive

Tallahassee, FL 32312-6785

MGRM

Kimberly A. McWilliams

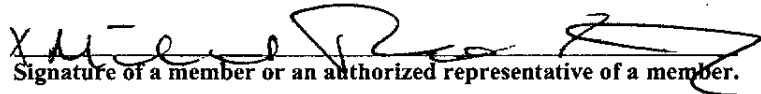
8824 Winged Foot Drive

Tallahassee, FL 32312

(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.)

Michael A. Roberts, Jr.

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)