## L04-0000 u 2949

JAMES P. NORTON (Requestor's Name)
(Requestor's Name)
103 ST. JOSEPH DR. (Address)
PORT ST. JOE, FL 32456 (Address)
850-227-7722 (City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
COASTA-COCA L.L.C. (Business Entity Name)
(Document Number)
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	ne:	į		
	imited Liability Company is:	:		
COASTA -COI	LA, L.L.C.			<del>_</del>
ARTICLE II - Ad The mailing addres	idress: ss and street address of the p	rincipal office of th	e Limited Liability Compar	ıy is:
Principal Office A	ddress:	Mailing A	Address:	
103 St. Joser	oh Drive	103 st	Joseph Drive	<b>_</b> .
Port St. Joe,	, Florida 32456	Port St	Joe, Florida 32	2456
				_
	egistered Agent, Registered Florida street address of the I			
	. Torrow brook address of die	ogistotou agom imp		
	James P. Norto	n		
	Name	-u + · 1 · 7 · 7	· · · · · · · ·	
	103 St. Joseph	David was		
	ivs at adsepti	DLIAE		
	Florida street address (P.C		<u> </u>	S E
			)	TÄLLA
	Florida street address (P.O	O. Box NOT acceptable	2456	TALLAH/S
	Florida street address (P.C.  Port St. Joa City, State, a	O. Box <b>NOT</b> acceptable  FLORIDA 3 and Zip	2456	75-4
	Florida street address (P.C.  Port St. Joe City, State, a	O. Box NOT acceptable  FLORIDA and Zip  vice of process for ti	2456 256 ne above stated limited liabil	lity
npany at the place design te to act in this capacity.	Florida street address (P.C.  Port St. Joe City, State, a stered agent and to accept ser nated in this certificate, I here I further agree to comply wit	PLORIDA  THORIDA  THE PROPERTY OF THE PROPERTY	ne above stated limited liability timent as registered agent a ll statutes relating to the pro	lity nd
npany at the place design te to act in this capacity. I complete performance o	Florida street address (P.C.  Port St. Joa  City, State, a  stered agent and to accept ser  nated in this certificate, I here  I further agree to comply wit  of my duties, and I am familia	PLORIDA  THORIDA  THE PROPERTY OF THE PROPERTY	ne above stated limited limit ntment as registered agent a ll statutes relating to the pro e obligations of my position	lity nd
npany at the place design te to act in this capacity. I complete performance o	Florida street address (P.C.  Port St. Joe City, State, a stered agent and to accept ser nated in this certificate, I here I further agree to comply wit	PLORIDA  THORIDA  THE PROPERTY OF THE PROPERTY	ne above stated limited limit ntment as registered agent a ll statutes relating to the pro e obligations of my position	lity nd
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npany at the place design te to act in this capacity. I complete performance o	Florida street address (P.C.  Port St. Joa  City, State, a  stered agent and to accept ser  nated in this certificate, I here  I further agree to comply wit  of my duties, and I am familia	PLORIDA  THORIDA  THO	ne above stated limited limit ntment as registered agent a ll statutes relating to the pro e obligations of my position	lity nd

Page 1 of 2 (CONTINUED)

The name and address of each Manager	or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	James P. Norton 103 St. Joseph Drive Port St. Joe, Florida 32456	
MGRM	Elwood L. West, Jr. P.O. Box 27611 Panama City Beach, Florida	32411
(Use attachment if necessary)		TALLAHAS
NOTE: An additional article must be	added if an effective date is requested.	A SIE
REQUIRED SIGNATURE:	- 1802 X 3	OF STATE
	uthorized representative of a member.	2.7
(In accordance with section 608.4 of this document constitutes an at that the facts stated herein are true	408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	
James P. No. Typed or pri	rton nted name of signee	

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

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)