

L04000066002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

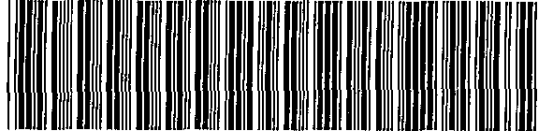
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500040720755

09/08/04--01028--015 **125.00

FILED

04 SEP -8 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 SEP -8 PM 1:19

DEPARTMENT OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

BR

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY
DATE: 9-8-04
REF. #: 001265.29694
CORP. NAME: GOING COASTAL, LLC

FILED
04 SEP -8 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 509602 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

GOING COASTAL, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is Going Coastal, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 2960 S. Lake Bradford Road, Tallahassee, Florida 32310.

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE**

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

Karen P. Cooley
2960 S. Lake Bradford Road
Tallahassee, Florida 32310

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.

By Karen P. Cooley
Karen P. Cooley, Registered Agent

FILED
04 SEP -8 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT

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

Karen P. Cooley – MGRM

2960 S. Lake Bradford Road
Tallahassee, Florida 32310

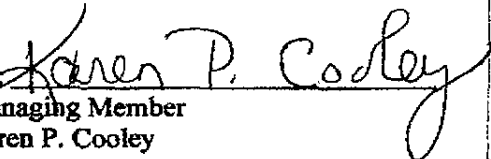
Eric J.G. Favier – MGRM

2960 S. Lake Bradford Road
Tallahassee, Florida 32310

Mack W. Womble – MGRM

2988 S. Lake Bradford Road
Tallahassee, Florida 32310

(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 herein are true.)

By: 
Managing Member
Karen P. Cooley