

W05000030268

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

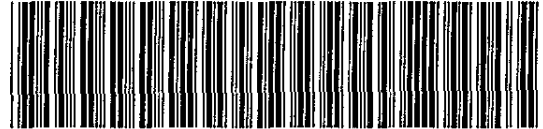
(Document Number)

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03/21/05--01055--022 **130.00

05 APR 29 PM 1:41

FILED

W05-14714

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL CONSULTING ASSOCIATES 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:

James N. Robbins

(Name of Person)

Coastal Consulting Associates, LLC

(Firm/Company)

Post Office Box 2831

(Address)

Inverness, FL 34451

(City/State and Zip Code)

For further information concerning this matter, please call:

James N. Robbins

(Name of Person)

at (352) 341-2350

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

March 22, 2005

JAMES N. ROBBINS
COASTAL CONSULTING ASSOCIATES LLC
POST OFFICE BOX 2831
INVERNESS, FL 34451

SUBJECT: COASTAL CONSULTING ASSOCIATES LLC
Ref. Number: W05000014714

We have received your document for COASTAL CONSULTING ASSOCIATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the 2nd page of the application with the Management information and the members signature.,

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 105A00019548

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coastal Consulting Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

303 Tulip Lane

Inverness, FL

34452

Mailing Address:

Post Office Box 34

Inverness, FL

34451

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

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

James N. Robbins

Name

303 Tulip Lane

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

Inverness, Florida 34452

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, F.S.

Registered Agent's Signature

(CONTINUED)

FILED
05 MAR 28 PM 1:41
CLERK OF COURT
JANUARY 1, 2004

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

James N. Robbins

303 Tulip Lane

Inverness, FL 34452

MGRM

Joseph M. Pitts


221 West Liberty Ave

Hernando, FL 34442

(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.)

James N. Robbins

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)