## 100000038192

| (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. |
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Office Use Only



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J. BRYAN APR 1 2 2006

## TRANSMITTAL LETTER

TO: Registration Section

| Division o   | of Corporations                            |               |                               |   |  |  |
|--|--|---------------|-------------------------------|---|--|--|
| SUBJECT:   | COASTAL FISCAL                             | шс            |                               |   |  |  |
| 0000001.   |  |               | ed Liability Company)         |   |  |  |
|  | (IXa                                       | ine of Little | ed Liability Company)         |   |  |  |
|  |  |               |                               | 姜   |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |  |               |                               |   |  |  |
| Please return a  | ll correspondence co                       | ncerning t    | his matter to the following:  | - FO  |  |  |
| <u>000</u>   | IALD B. TIPPING, II                        |               |                               |   |  |  |
|  |  |               | (Name of Person)              |   |  |  |
| COASTAL  | FISCAL, LLC                                |               |                               |   |  |  |
|  | · · · · · · · · · · · · · · · · · · ·      |               | (Firm/Company)                |   |  |  |
|  |  |               |                               |   |  |  |
| 1123 WE  | ST GROVE AVENUE                            |               |                               |   |  |  |
| · · · · · · · · · · · · · · · · · · ·                                      |  |               | (Address)                     |   |  |  |
|  |  |               |                               |   |  |  |
| o  | RANGE, CA 92865                            |               |                               |   |  |  |
| _  | ORANGE, CA 92865 (City/State and Zip Code) |               |                               |   |  |  |
|  |  |               | •                             |   |  |  |
| For further infor  | mation concerning th                       | is matter,    | please call:                  |   |  |  |
|  |  |               |                               |   |  |  |
| DONALD B   | TIPPING, II                                | at _          | 714-564-7630                  |   |  |  |
| 4)   | lame of Person)                            |               | (Area Code & Daytime          | Telephone Number)                               |  |  |
| Enclosed is a ch   | neck for the following                     | amount:       |                               |   |  |  |
| \$125.00 Filing  | Fee \$130.00                               | -ilina Fee    | X \$155.00 Filing Fee         | \$160.00 Filing Fee,                            |  |  |
|  | & Certificate                              |               | & Certified Copy              | Certificate of Status &                         |  |  |
|  |  |               | (additional copy is enclosed) | Certified Copy<br>(additional copy is enclosed) |  |  |
| s  | TREET ADDRESS:                             |               | MAILING AD                    | DRESS:  |  |  |
| Registration Section   |  |               |                               | Registration Section                            |  |  |
|  | Division of Corporations                   |               | Division of Corporations      |   |  |  |
|  | 09 E. Gaines Street                        |               | P.O. Box 632                  |   |  |  |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## COASTAL FISCAL, LLC ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| WAY AMASSEE            |  |  |  |  |  |
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| Mailing Address:       |  |  |  |  |  |
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|                        |  |  |  |  |  |
| 1123 WEST GROVE AVENUE |  |  |  |  |  |
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|                        |  |  |  |  |  |
| 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)

Page 1 of 2