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SECRETARY OF STATE
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## COVER LETTER

Division of Corporations				
SUBJECT: COASTAL COATINGS 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:				
Seth Patrick				
(Name of Person)				
Coastal Coatings LLC				
(Firm/Company)				
250 Vinings Way Blvd. Apt 2-105				
(Address)				
Destin, Fl. 32541				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Seth Patrick at ( 850 ) 586-0460				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.")
cipal office of the Limited Liability Company is:
Mailing Address:
250 Vinings Way Blvd. Apt 2-105
Destin, Fl. 32541
office, & Registered Agent's Signature: d Agent. You must designate an individual or another istered agent are:  Apt 2-105  Apt 2-105
d Agent. You must designate an individual or another istered agent are:  AHASSETARY OF AMOUNT OF A SECRETARY OF A SECRETA

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
"MGR" = Mana "MGRM" = Ma	ager anaging Member		
MGR		Seth Patrick	· · · · · · · · · · · · · · · · · · ·
-			
			1 A S S S S S S S S S S S S S S S S S S
(Use attachmen	nt if necessary)		
ARTICLE V: Effective	e date, if other than the	date of filing:	(OPTIONAL)
(If an effective date is l to or 90 days after the	•	e specific and cannot be more than fi	ve business days prior
•	87		
<u>REQUIRED</u> S	IGNATURE:	~ /	
	SA		
	Signature of a member	er or an authorized representative of a mer	nber. AS S
	(In accordance with se of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execut itutes an affirmation under the penalties of penerein are true.)	erjury H
	Seth Patrick	ped or printed name of signee	AMII: OF STATE
EDATE ED	·	ped of printed matte of signed	FLOAD THE
Filing Fee	<u>es;</u>		<u> </u>

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)