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(Ci	ty/State/Zip/Phon	e #)
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Special Instructions to Filing Officer:

A. LUNT

SEP 162008

EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Section ' Division of Corporations	
SUBJ	ECT: Gulf Coast Marketing Services, LLC	
	(Name of Limited Liability Company)	***************************************
The e	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Michelle Kalanja	
	(Name of Person)	
	Gulf Coast Marketing Services, LLC	
	(Firm/Company)	=
	370 26th Ave. SE	ZOOB SECR
	(Address)	SEP SEP
	St. Petersburg, FL 33705	P 15 P TARY OF ASSEE F
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	D 12: 33
Mic	helle Kalanja at 727 289-1696	
	(Name of Person) (Area Code & Daytime Teleph	one Number)
Enclo	sed is a check for the following amount:	
Rt	Certificate of Status Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ile

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:		
Gulf Coast Marketing Services, LL			
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
370 26th Ave. SE	370 26th Ave. SE		
St. Petersburg, FL 33705	St. Petersburg, FL 33705		
business entity with an active Florida registration.) The name and the Florida street address of the Michelle Kalanja Name	S D		
	DATE 3		
370 26th Ave. SE	Idress (P.O. Box NOT acceptable)		
St. Petersburg, FL City, State,			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of alwerformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S		

(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:

"MGR" = Manager		Name and Address:		
"MGRM" = Manag	ing Member			
MGR		Michelle Kalanja		
		370 26th Ave. SE		_
		St. Petersburg, FL 33705		-
		TAE SE	200	_
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LE V: Effective data fective date is listed days after the date REQUIRED SIGN Si	e, if other than the do, the date must be of filing.) ATURE: Mulle gnature of a member in accordance with sections.	or an authorized representative of a member ion 608.408(3), Florida Statutes, the execution are true.)	business r.	

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)