108000191248

(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:		
11108000041592		
MUDUUU II > 100		

Office Use Only



800135276298

மர் அ

09/05/08--01020--004 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

SEP **25** 2008

EXAMINER

September 8, 2008

KATHY E. NELSON, P.A. KATHY E. NELSON & ASSOCIATES, P.A. 4771 LIVINGSTON DR. PENSACOLA, FL 32504

SUBJECT: COASTAL ATTITUDES, L.L.C.

Ref. Number: W08000041592

We have received your document for COASTAL ATTITUDES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 108A00049081

SECRETARY OF STATE

2008 SEP 25 PM 8: 0

COVER LETTER

Ţ.	TO: Registration Section : Division of Corporations	•			
	SUBJECT: Coastal Attitudes, L.L.C.				
(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:				
	Kathy E. Nelson, CPA				
	(Name of Person)				
	Kathy Nelson & Associates, P.A.				
	(Firm/Company)	2 7 7			
	4771 Livingston Dr.	20			
	m_	<u> </u>			
	T Chacola, i E 02004	<u> </u>			
	(City/State and Zip Code)				
	For further information concerning this matter, please call:				
	Kathy E. Nelson, CPA _{at (} 850) 478-2268				
	(Name of Person) (Area Code & Daytime Telephone Number)				
	Enclosed is a check for the following amount:				
	\$125.00 Filing Fee \$\text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed)} \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	s &			
	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

ARTICLE I - Name: The name of the Limited Liability Company is:			
Coastal Attitudes, L.L.C. (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liab	ility Comp	any is:
Principal Office Address:	Mailing Address:		
315 Plantation Hill Road Guif Breeze, FL 32561	315 Plantation Hill Road Gulf Breeze, FL 32561		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:	2008 S SECI TALL	
Kathy E. Nelson, CP	Α	2000 SEP 25 SECRETAR' FALLAHASS	
4771 Livingston Dr. Florida street addi		25 PH 8: 08 ARY OF STATE ASSEE.FLORIDA	
City, State, and	na 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 (REQUIRED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Elaine S. Davis		
	315 Plantation Hill Road Gulf Breeze, FL 32561		
	Guil Breeze, FL 32561		
Mer	Cinda Felkner		
	2553 Frank Circle		
	Gulf Breeze, FL 32561		
	Z000 SEP SECRET TALLAH		
	S N		
(Use attachment if necessary)	TE RIDA		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior		
REQUIRED SIGNATURE:			
Elaine 5 A Signature of a member	Javis Da Hay Melson as agent er 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.)			
Elaine S. Dav	vis		
Ty	ped 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)