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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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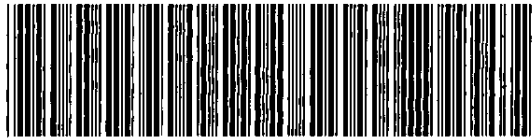
(Business Entry Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP - 1 2009

Brown | McCarroll  
L.L.P.

111 Congress Avenue, Suite 1400, Austin, Texas 78701-4043  
512-472-5456 fax 512-479-1101

Writer's direct line and e-mail address  
direct (512) 370-3309  
malford@mailbmc.com

August 28, 2009

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
Registration Section  
Clifton building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Application by Foreign LLC for Authorization to Transact Business in  
Florida; and Articles of Organization for Florida LLC

Dear Division of Corporations:

Enclosed for filing are an original and one copy of the following:

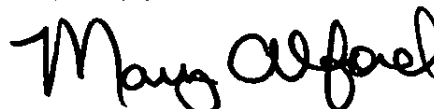
1. Application by Foreign LLC for Authorization to Transact Business in  
Florida for **Coast Water Conservation Products, LLC**; and
2. Articles of Organization for Florida LLC of **Coast Products, LLC**.

Enclosed also are two checks in the amount of \$160.00 each to cover your filing  
fees for each filing.

Please return file-stamped copies to me in the enclosed self-addressed, stamped (Federal  
express) envelope.

Please contact me at the direct line telephone number above if you have any  
questions regarding this request.

Very truly yours,



Mary Alford, Legal Assistant to  
Robin Reilly

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Coast Products, 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:

Robert E. Reetz, Jr.

Name of Person

Brown McCarroll, L.L.P

Firm/Company

111 Congress Avenue, Suite 1400

Address

Austin, Texas 78701

City/State and Zip Code

rreetz@mailbmc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin D. Reilly

Name of Person

at ( 512 ) 479-9734

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & 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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Coast Products, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

17740 Ashley Drive  
Suite 111  
Panama City, Florida 32413

17740 Ashley Drive  
Suite 111  
Panama City, Florida 32413

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert C. Easter

Name

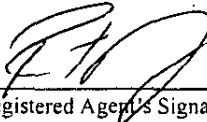
17740 Ashley Drive, Suite 111

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

Panama City FL 32413

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 (REQUIRED)

(CONTINUED)

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**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

Robert C. Easter

17740 Ashley Drive, Suite 111

Panama City, Florida 32413

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

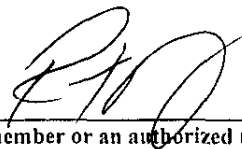
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Robert C. Easter

\_\_\_\_\_  
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)

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