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Special Instructions to Filing Officer:	

Office Use Only

w09-53934



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M. THOMAS

JAN - 5 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2009

MICHAEL L. MARZIALE 3388 CHELMSFORD CT. EAST SARASOTA, FL 34235

SUBJECT: COASTAL TAX SERVICES, LLC

Ref. Number: W09000053934

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings, filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no separate company. L.C., and LC.

The document number of the name conflict is L09000098439.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 109A00037818

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2009

MICHAEL L. MARZIALE 3388 CHELMSFORD CT. EAST SARASOTA, FL 34235

SUBJECT: COASTAL TAX SERVICES, LLC

Ref. Number: W09000053934

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

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Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L09000098439.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 109A00037818

COVER LETTER

TO: Registration Division of 0	1 Section Corporations		
SUBJECT: Co	ASTAL TAX SE	erices LLC.	
	Name of Limited L	iability Company	
The enclosed Articles	of Organization and fee(s) are subr	nitted for filing.	
Please return all corre	spondence concerning this matter to	the following:	
Micha	EL L. MARZ	2. ALE	
Chart	NAT TAX SELV.	ne of Person	
_(U#31	HL / HX SEEV.	n/Company	
	8 Chelms For		
_		Address	
SARA	City/Sta City/Sta AEL. MARZ. ALE E-mail address: (to be used for fu	34235	
44. /	City/Sta	te and Zip Code	
Mich	AEL. MARZ.XLE E-mail address: (to be used for fu	ture annual report notification)	1
	on concerning this matter, please cal		28
M. ChAEL	MA02 6/8	. 401. 472 - C	4020 SHY 1
	MARZ.ALE at no of Person at for the following amount:	Area Code & Daytime Teleph	one Number 9
Enclosed is a check	for the following amount:		one Number 75 STATE ORIDA
\$125.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	6160.00 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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Coastal Tax Prep Se	ervices LLC
(Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3388 Cholmsford Close east.	- Same -
SarasotA FL 34235	
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 registration. Name 3388 Chelms Company Florida street address (P.O. English Street address (P.	gistered agent are: Clark Cl
liability company at the place designated in the registered agent and agree to act in this capacity.	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

ristered agent and agree to act in this capacity. I further agree to comply with the provisions of all tatutes 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)

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> "MGR" = Manager "MGRM" = Managir	Name and Address: g Member	
MGRM	Michael L. MARZIALE 3388 CHELMS FORD CT. EAF SARASOTA, FL 34235	-
	SECULARA	
	SSER TO A A TO BE	* http://www.series.com
(Use attachment if ne	cessary)	
	if other than the date of filing: (OPTION. he date must be specific and cannot be more than five business da filing.)	
REQUIRED SIGNA	TURE: ature of a member or an authorized representative of a member.	
(In of	ccordance with section 608.408(3), Florida Statutes, the execution are document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	
· Filing Fees:	Michael Marziale Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)