

L10000054430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

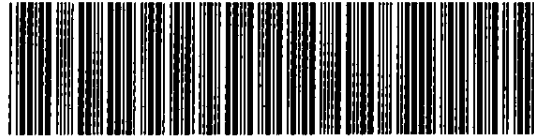
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300181029363

05/19/10--01015--011 \*\*130.00

FILED  
2010 MAY 19 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 20 2010

EXAMINER

COVER LETTER

TQ: Registration Section  
Division of Corporations

SUBJECT: INLAND COAST RESOURCES, 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:

KIMBALL LOVE  
Name of Person

INLAND COAST RESOURCES, LLC  
Firm/Company

19225 NW 80<sup>th</sup> DR  
Address

OKEECHOBEE, FL 34972  
City/State and Zip Code

Kimballlove@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBALL LOVE at (863) 697-1872  
Name of Person 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:

INLAND Coast Resources, LLC

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

## ARTICLE II - Address:

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

### Principal Office Address:

19225 NW 80<sup>TH</sup> DR.  
Okeechobee, FL  
34972

### Mailing Address:

SAME

## 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:

KIMBALL LOVE  
Name  
19225 NW 80<sup>TH</sup> DR.  
Florida street address (P.O. Box NOT acceptable)  
Okeechobee, FL 34972  
City, State, and Zip

2010 MAY 19 AM 11:16  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

FILED

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:** 2010 MAY 19 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

KIMBALL LOVE

19225 NW 80TH DR

ORLANDO, FL 32812

(Use attachment if necessary)

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

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**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.)

KIMBALL LOVE

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)**