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SECRETARY OF STATE
ANT ANASSEE, FLORIDA

5 - 20

J. BRYAN

AUG 1 7 2010

EXAMINER

COVER LETTER

TO:	TO: Registration Section Division of Corporations			
SUBJI	ECT: US Coa	stal Export LLC.	ed Liability Company	
		Name of Linn	ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
		_		
	Durwood L. F	orte	Name of Domesia	
			.Name of Person	
	•		Firm/Company	
				TASS O
	14658 Fern H	lammock Drive		一
			Address	三 元
	Jacksonville,	FL. 32258		SEED OF T
			y/State and Zip Code	T _U
	Durwood.Lee	@Comcast.net		OR P.
•			for future annual report notification)	□
For fur	ther information	concerning this matter, please	e call:	
Durw	ood L. Forte		_ at (_904) 239-0650	<u>.</u>
	Name	of Person	Area Code & Daytime Telep	hone Number
ъ.				
Enclos	sed is a check to	or 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
			(auditional copy is citolosed)	(additional copy is enclosed)
		Mailing Address	Street/Courier Address	
		Registration Section	Registration Section	
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
		Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	Por o
US Coastal Export LLC.	, 50° 4
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
US Coastal Export LLC.	Durwood L Forte
2586 Lane Avenue	14658 Fern Hammock Drive
Jacksonville, FL. 32254	Jacksonville, FL. 32258
(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 results.	
Durwood L. Forte	
Name	
14658 Fern Hammock Driv	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Jacksonville	FL 32258
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept 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 sered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

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:

"MGR" = Manager "MGRM" = Managing Member MGR Joseph Clark 9734 Tapestry Park Circle # 175 Jacksonville FL 32246 MGRM Anny Mulneix 9734 Tapestry Park Circle # 175 Jacksonville FL 32246 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: August 12, 2010 (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a hamber or an anthorized represensative 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.) Amy L. Mulneix Typed or printed name of signee	Title:		Name and Address:
MGR Joseph Clark 9734 Tapestry Park Circle # 175 Jacksonville FL 32246 MGRM Amy Mulneix 9734 Tapestry Park Circle # 175 Jacksonville FL 32246 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: August 12, 2010 (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.) REOUIRED SIGNATURE: (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.) Amy L. Mulneix			
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		of this document const	itutes an affirmation under the penalties of perjury
		of this document const that the facts stated he	itutes an affirmation under the penalties of perjury

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)