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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG-8 PK 12: 08

C. LEWIS AUG - 9 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	ions		
_{SUBJECT:} Coast 2 C	oast Contrac	ting, LLC	
		d Liability Company	
The enclosed Articles of Organ	ization and fee(s) are s	ubmitted for filing.	
Please return all correspondence	e concerning this matte	er to the following:	
Paul T. Marks	S		
		Name of Person	
		Firm/Company	
7415 S. Morte	on Street		
		Address	
Tampa Florida 3	33616		
	City	/State and Zip Code	
E-m	ail address: (to be used for	or future annual report notification)	
For further information concern	ing this matter, please	cail:	
Paul Marks		at (813) 250-1252	2
Name of Person	<u> </u>	Area Code & Daytime Te	
Enclosed is a check for the fo	ollowing amount:	_	
	.00 Filing Fee & tificate 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)
Regis Divis P.O.	ing Address stration Section sion of Corporations Box 6327 hassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	L	Æ	I	-	N	am	e	:
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The name of the Limited Liability Company is:

Tampa

Coast 2 Coast Contracting, LLC

(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:	
4304 River Close Blvd.	4304 River Close Blvd.	
Valrico, Florida 33596	Valrico, Florida 33596	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	ASE =	····{
Paul T.Marks	HASA A	Ī
	Name	٢
7415 S. Mo	rton St.	ĺ
Florid	a street address (P.O. Box NOT acceptable)	

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..

City, State, and Zip

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: 11 AUG - 8 PH 12: 03 SECRETARY OF STATE TALLAHASSEE. FLORIDA Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Trisha George 4304 River Close Blvd. Valrico, Florida 33596 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Paul T. Marks 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)