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Effective date

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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OCT 2 5 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporation	S		
SUBJECT: Mulf C	Coast F	Liability Company	ces U.C.
	Name of Emilieu	Liaomty Company	
The enclosed Articles of Organiza	tion and fee(s) are su	bmitted for filing.	
Please return all correspondence c	oncerning this matter	to the following:	
Joni L	awrence	2 Jame of Person	
Sulfc	oast Fi	ield SLTVI	ices
102 De	rendo	street	
Panama	a City	Address  Blach Fl  State and Zip Code	1. 32413
Joni P	address: (to be used for	123 W CON future annual report notification)	icast. het
For further information concerning	g this matter, please c	all:	
Joni Lau Name of Person	rence?	,	8532 Thone Number
, Enclosed is a check for the following	owing amount:		
\$125.00 Filing Fee \$130.00	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisio P.O. Bo	Address tion Section of Corporations ox 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liebility Company is:
Dult Coast Field Services UC
(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:  102 Decondo St 103 Decondo St 103 Decondo St 103 Decondo St 104 Decondo St 104 Decondo St 105 Decondo St 105 Decondo St 106 Decondo St 107 Decondo St 108 Decon
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:    Joni Gawrence   Florida street address of the registered agent are:     Joni Gawrence     Joni Gawrence     Joni Gawrence     Joni Gawrence     Joni Gawrence     Joni Gawrence   Joni
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 al 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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follow			FILED		
<u>Title:</u> "MGR" = Mana	ager	er or Managing Member is as follows  Name and Address:	:: 2011 OCT 24 SECRETARY TALLAHASSEI	OF STATE	
"MGRM" = Ma	anaging Member	Joni Lawren 102 Deronde St Panama City Be	nce	32413	
	<del></del>				
(Use attachment		date of filing:/	A. (OPTION)	AL)	
(If an effective date is I to or 90 days after the	isted, the date must be	e specific and cannot be more than fi	ve business day	ys prior	
REQUIRED S	Signature of a member	ror an authorized representative of a men. 408(3), Florida Statutes, the execution of this	is document		
I am	aware that any false informatitutes a third degree felony	the penalties of perjury that the facts stated hation submitted in a document to the Depart as provided for in s.817.155, F.S.)  Jeff or printed name of signee	ment of State		

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)