# L11000136771

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status

Special Instructions to Filing Officer:

A. LUNT

DEC -5 2011

**EXAMINER** 

Office Use Only



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# **COVER LETTER**

ŤO:

TO: Registration Of Division of	on Section f Corporations		
SUBJECT: CO.	ASTAL YACHT BR	OKERS LLC	
Sobolic I.		ed Liability Company	<del></del>
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
JOHN	H. GIBBENS		
		Name of Person	
<del> </del>		Firm/Company	
243 BI	ACKSHEAR DRIVE		
243 DL	ACKSTEAK DRIVE	Address	
PANAMA	A CITY,FL. 32404		
	Cit	y/State and Zip Code	<b>2</b>
boatman	1204@gmail.com		2011 L
	E-mail address: (to be used to	for future annual report notification)	
For further informat	ion concerning this matter, please	e call:	NRY C
JOHN H. GIBI	BENS	at (850 ) 814-0081	hone Number 35 .
NE	ame of Person	Area Code & Daytime Telep	hone Number
Enclosed is a chec	k for the following amount:		<del></del>
\$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 Ci Tallahassee, FL 32301	ircle

**.**;\* .

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compar	ny is:	
COASTAL YACHT BROKE	ERS LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
5325 NORTH LAGOON DRIVE	243 BLACKSHEAR DRIVE	
PANAMA CITY BEACH	PANAMA CITY	
FLORIDA 32408	FLORIDA 32404	
	tered Office, & Registered Agent's Signate Registered Agent. You must designate an individual or and the registered agent are:	
DONNA-LEE GIBB	BENS ES	्र व
<u> </u>	Name 54	
243 BLACKSH	HEAR DRIVE	
Florida stre	eet address (P.O. Box NOT acceptable)	<b>-</b>
PANAMA CITY	<sub>FL</sub> 32404	
Ci	tv. State, and Zip	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR	JOHN H. GIBBENS
WIGH.	243 BLACKSHEAR DRIVE
	PANAMA CITY FLORIDA 32404
	ليق) سور بيه ماده
	<u>₩</u> =
<del></del>	<u> </u>
(Use attachment if necessary)	•
	4/0/0040
	ne date of filing: 1/2/2012 . (OPTIO
fective date is listed, the date must	be specific and cannot be more than five business

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.)

### JOHN H. GIBBENS

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)