# L11000143280

| (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



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SECRETARY OF STATE

J. BRYAN

DEC 22 2011

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations |                            |   |   |
|---|----------------------------|---|---|
| SUBJECT: Coastal Enric                            | chment, L                  | LC.   |   |
|   | Name of Limit              | ted Liability Company   |   |
| The enclosed Articles of Organization             | on and fee(s) are          | submitted for filing.   |   |
| Please return all correspondence con              | cerning this mat           | ter to the following:   |   |
| Grant Erickson                                    |                            |   |   |
|   |                            | Name of Person  |   |
| Coastal Enrichm                                   | ent, LLC.                  |   |   |
|   |                            | Firm/Company  | 701<br>TA   |
| 14061 Marguerite                                  | e Drive                    |   | TALLARY TALLARY   |
|   |                            | Address   | 12 Z  |
| Madeira Beach, FL                                 | 33708                      |   | DEC 21 PR   |
|   |                            | y/State and Zip Code  | FS:   |
| gwtrump@aol.com                                   | deans // barred            | for future annual report notification)  | 8E -  |
| For further information concerning t              |                            | •   | P   |
| Grant Erickson                                    |                            | at ( 727 ) 492-5325   |   |
| Name of Person                                    |                            | Area Code & Daytime Tele  | phone Number  |
| Enclosed is a check for the follow                | ving amount:               |   |   |
|   | Filing Fee & ate 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) |
| Division o<br>P.O. Box                            | on Section of Corporations | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C | s   |

2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AR     | TT | CI | Æ.    | I _ | Na  | me:   |
|--------|----|----|-------|-----|-----|-------|
| $\sim$ |    | •  | 4 2 7 |     | 1 2 | HIIC. |

The name of the Limited Liability Company is:

# Coastal Enrichment, 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:        |
|---------------------------|-------------------------|
| 14061 Marguerite Drive    | 14061 Marguerite Drive  |
| Madeira Beach, FL 33709   | Madeira Beach, FL 33709 |
|                           |                         |

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:

| Grant Erickson |                                     |
|----------------|-------------------------------------|
| Na             | ame                                 |
| 14061 Marguer  | rite Drive                          |
| Florida stree  | t address (P.O. Box NOT acceptable) |
| Madeira Beach  | <sub>FL</sub> 33708                 |
| City           | . 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:

| Title: "MGR" = Manager "MGRM" = Managing Member   | Name and Address:  |
|---|--|
| MGR   | Grant Erickson  14061 Marguerite Drive  Madeira Beach, FL 33708  PRETABLE  OPERATOR  O |
|   | OF STATE<br>EFLORIOP   |
| •   |  |
|   |  |
| •   |  |
| ICLE V: Effective date, if other that effective date is listed, the date in 90 days after the date of filing.)  REQUIRED SIGNATURE:   |  |
| ICLE V: Effective date, if other that effective date is listed, the date me 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation I am aware that any false | nust be specific and cannot be more than five business days prior  |
| ICLE V: Effective date, if other that effective date is listed, the date me 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation I am aware that any false | member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State in formation approvided for in s.817.155, F.S.)  |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)