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K. SALY EXAMINER JAN 4 2012

# **COVER LETTER**

Division of Cor			
SUBJECT: Coasta	al Colors LLC		,
SUBJECT:		ted Liability Company	1
The englosed Articles of	Organization and fee(s) are	submitted for filing	
	ondence concerning this mat	_	
_			
Rickey Jo	e Wetherington	Name of Person	***************************************
0	-1		
Coastal C	olors	Firm/Company	
204 Cana	veral Beech Blud		
294 Cana	veral Beach Blvd	Address	
Cana Cana	voral Elorida 320	20	
Cape Cana	<b>veral, Florida 329</b>	ty/State and Zip Code	
Rickster8487			
		for future annual report notification)	
For further information c	oncerning this matter, pleas	e call:	
Rickey Joe Wethe		_at (321 ) 543-9998	
Name o	f Person	Area Code & Daytime Telep	none Number
Enclosed is a check for	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 (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	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
Coastal Colors LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
294 Canaveral Beach Blvd. Cape Canaveral, FL 32920	294 Canaveral Beach Blvd. Cape Canaveral, FL 32920
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Rickey Joe Wetheringto	on Light R
Name	
294 Canaveral Be	egistered agent are:  SECRETARY OF STATE  Pach Blvd.  ress (P.O. Box NOT acceptable)  FL 32920
Florida street add	ress (P.O. Box NOT acceptable)
Cape Canaveral	FL 32920
City, Sta	te, and Zip
Having been named as registered agent and to a	accept service of process for the above stated limited

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)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
MGR	Rickey Joe Wetherington
	294 Canaveral Beach Blvd
	Cape Canaveral, FL 32920
- Additional Control of the Control	
	***************************************
<del></del>	
<del></del>	
(Use attachment if necessary)	
TICLE V: Effective date, if other the	han the date of filing: 01/01/2012 . (OPTIONAL)
	must be specific and cannot be more than five business days price
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.)

# Rickey Joe Wetherington

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)