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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Reques	tor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			*************************************
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Office Use Only



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EFFECTIVE DATE 61-10-12

FILEPLANT IN 17

B. BOSTICK
JAN 2 6 2012
EXAMINER

COVER LETTER

Registration Section.

TO:

Division of Co	orporations	:		
_{SUBJECT:} Coas	tal Traders LLC			
36D/DC1.		ed Liability Company		-
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Robin &	Tim Rawls / Bria	n and Elizabeth A. Raws	on	
******		Name of Person		
Coastal 1	Traders			
		Firm/Company		······································
2245 Sad	dler Road,			
		Address	****	
	- D			12 Js
Fernandina	a Beach, FL 32034	15. d. 17. 0 1		224
		y/State and Zip Code	60 50	iso Ch
elizabethpr	operties@Gmail.com	or future annual report notification)	m:	
	·	•	Y	era =
For further information	concerning this matter, please	e call:	5	ps)
Elizabeth A. Rav	wson	at (904) 710-5884	A	7
Name	of Person	Area Code & Daytime Telephone Numb	er	•
	or the following amount: \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00	Filing 1	Fee,
	Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified (additional	! Сору	
	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 Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Coastal Traders LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2245 Sadler Road	2245 Sadler Road
Fernandina Beach	Fernandina Beach
FL 32034	FL 32034
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered	egistered agent are:
ELIZABETH A.	. NAWS CM
Name	
2200 LANOTH'S CIK	ress (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..

FL 3203 4 City, State, and Zip

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:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	Elizabeth A. Rawson		
	2880 Landyn's Circle		
•	Fernandina beach , FL 32034		-
MGRM	Brian Rawson		
	2880 Landyn's Circle		
	Fernandina Beach, FL 32034	<u>;;</u> ,	
MGRM	Robin B Rawls		12 J.
	231 Five Pounds Road	- Armer 	- ;-
	St Simons Island, GA 31522	<u>.</u>	CF)
		ara .	7
MGRM	Samuel T Rawls	1.4.	الاده م. م. د. مستر
	231 Five Pounds Road	93	—∴ '\)
	St Simons Island, GA 31522	Бr.	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 10, 2012. (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.)

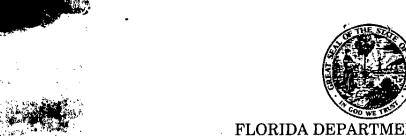
Elizabeth A. Rawson

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2012

ROBIN & TIM RAWLS 2245 SADLER ROAD FERNANDINA BEACH, FL 32034

SUBJECT: COASTAL TRADERS LLC

Ref. Number: W12000002840

We have received your document for COASTAL TRADERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 312A00001066