12000035025

•		
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
<u> </u>		
Special Instructions to F	iling Officer:	

Office Use Only



400221983744

02/20/12--01008--022 **130.00

EFFECTIVE DATE 02-14-12

TILED

12 FEB 20 PH 2: U8

IALL AHASSASTA I OPIO.

B. BOSTICK FEB **21** 2012 EXAMINER

COVER LETTER

Registration Section

Division of	Corporations					
SUBJECT. Coa	stal Sign Company	LLC				
SUBSECT.		ed Liability Comp	oany		_	
The enclosed Article	s of Organization and fee(s) are s	submitted for filir	ıg.			
Please return all corre	espondence concerning this matt	er to the followin	g:			•
Austin I	Nielsen					
		Name of Person				_
Coastal	Sign Company LL	С				
		Firm/Company				_
3311 SI	E 19th Avenue					
	· · · · · · · · · · · · · · · · · · ·	Address				
Cape Co	ral FL 33904			TIWIT 17 V	12	
•	City	y/State and Zip Cod	le	AH	83.	
skysz@m				<u> </u>	12	
	E-mail address: (to be used f	_	ori nonneation)	FT 1 - 1		
For further information	on concerning this matter, please	call:		010	R 2: 48	٠.,
Austin Nielsen		_ _{at (} 239	851-3403	NE A	<u>~</u>	
Nai	ne of Person	Area Cod	le & Daytime Telep	hone Number		
Enclosed is a check	for the following amount:					
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop		\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section n of Corporations Building secutive Center Cosee, FL 32301	írele		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
Coastal Sign Company LLC				
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited L	iability	Comp	any is
Principal Office Address:	Mailing Address:			
3311SE 19TH AVE Cape Coral FL 33904	3311SE 19TH AVE Cape Coral FL 33904	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an indi		inother	
· · ·		7. 25.		170,000
Austin Nielsen		05 25	20	
Name		-m- -m-		
3311 SE 19th Ave		5	F1 2 48	
Florida street	t address (P.O. Box NOT acceptable)	25	.; CD	
Cape Coral	_{FL} 33904	>		
City	, State, and Zip			
Having been named as registered agent and	to accept service of process for the	e 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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Austin Nielsen 3311 SE 19th Ave Cape Coral FL 33904 (Use attachment if necessary) 2-14-2012 **ARTICLE V:** Effective date, if other than the date of filing: (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.) Austin Nielsen Typed or printed name of signce

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)