13000/6089

(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



500243693605

01/30/13--01016--003 **130.00

SEGRETARY OF STATE

Egypter di

JAN 3 1 2013 T CLINE (850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT. Coastal Facility Solutions

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanne M Carter Name of Person Coastal Facility Solutions, LLC Firm/Company 4014 Commons Drive W Address Destin, FL 32541 City/State and Zip Code jcarter@starpros.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeanne Carter Name of Person Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Li	ability Compa	ny is:				
Coastal Facility Solutions, LLC	<u> </u>			_		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address:		•				
The mailing address and str	eet address of	the principal office of the Limited I	Liability	Comp	any is:	
Principal Office Address: 4014 Commons Drive W Suite 100		Mailing Address:				
		Same				
Destin, FL 32541						
	not serve as its own	stered Office, & Registered Agent n Registered Agent. You must designate an indi		other		
The name and the Florida st	reet address of	f the registered agent are:	SEGRE ALL AR	2013 JAN		
Jeanne M	Carter		33≥	æ ယ	**************************************	
		Name	SE SE	õ		
4014 Com	ımons Drive W Su	uite 100	er si			
	Florida str	eet address (P.O. Box NOT acceptable)	STATI	<u>ရ</u> ာ		
Destin,	FL 32541	FL) A	6		
	C	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

ARTÎCLE IV- Manager(s) or Managing Member(s):

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

MGR	Jeanne M Carter 4014 Commons Drive W Suite 100
	Destin, FL 32541
MGRM	Kristi Stevenson
	29 Golf Club Drive
	Santa Rosa Beach, FL 32459
MGRM	Gary Schrang
	374 Golfview Drive
	Miramar Beach, FL 32550
	AS
	>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
/II	m.~
Use attachment if necessary)	ر المارية . ح⊜رين
LE V: Effective date, if other than the	
	at be specific and cannot be more than five bus

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.)

Jeanne M CARter
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)