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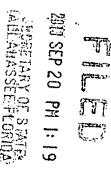
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COVER LETTER

Registration Section **Division of Corporations** Coaste LLC 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: John Sprecher Name of Person Coaste LLC Firm/Company 4702 Rue Belle Mer Address Sanibel, FL 33957 City/State and Zip Code JohnS@Make-Noise.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Sprecher Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$160.00 Filing! Fee,... □\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 Liability Company is:		
Coaste LLC COASTE	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 pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4702 Rue Belle Mer Sanibel, FL 33957	4702 Rue Belle Mer Sanibel, FL 33957	
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 registration.	ered Agent. You must designate an individual or another	
John Sprecher Name		
4702 Rue Belle Mer		
Sanibel	ress (P.O. Box NOT acceptable)	
City, Sta	te, and Zip	
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S	

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:

'MGR" = Manager 'MGRM" = Managing Member	
MGR	
	John Sprecher
	4702 Rue Belle Mer
	Sanibel, FL 33957
MGR	Marcus VandenBrink
	4797 Rue Helene
	Sanibel, FL 33957
	·
Use attachment if necessary)	
•	
	e date of filing: (OPTIONAL)
fective date is listed, the date must or 90 days after the date of filing.)	t be specific and cannot be more than five business days
, 57	
REQUIRED SIGNATURE:	,·
REQUIRED SIGNATURE:	F2 - D2
REQUIRED SIGNATURE:	
	Au II I
Signature of a membe	er or an authorized representative of a member
Signature of a member (In accordance with section 608	8408(3) Florida Statutes, the execution of this document
Signature of a member (In accordance with section 608 constitutes an affirmation under	8408(3). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	18408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of States.
Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	8408(3). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.

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)