## L13000149555

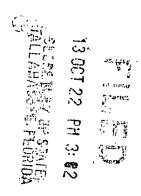
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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October 22, 2013

B. BRIAN YOUNG 13522 CANAL DR PENSACOLA, FL 32507

SUBJECT: COASTAL DINING & DESTINATIONS, L.L.C.

Ref. Number: W13000058508

We have received your document for COASTAL DINING & DESTINATIONS, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out page 2 of the application.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 813A00024595

(850) 245-6051.

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: COASTAL DINING & Destinations, L.L.C. Name offinited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
B. Brian Young
Name of Person
COASTAN Diving & Destinations, LLC
• •
13522 (anal Orive
Pensacola FL 32507 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Drian Yours at (850) 390-0265  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status  □\$155.00 Filing Fee \$ Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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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:

(Must end with the words "Limited Liability	stinations, L.L.C. y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13522 CANAI Dr Pensacola F2L 32507	Same As Principani
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 (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another gistered agent are:
B. Brian	
13522 CANA	1 Pr
Penso Cala City, State	ess (P.O. Box NOT acceptable)
Having been named as registered agent and to ac liability company at the place designated in th registered agent and agree to act in this capacit	exept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with

(CONTINUED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
0	00 \
<u>m 6R</u>	13522 Caral D
	Pensowla F-L 32507
MGRM	Catherine O. Yours
	13522 CONAI Q
	Ransocola FL 32507
·	
	<del></del>
(Use attachment if necessary)  CLE V: Effective date, if other than th	ne date of filing: 10/15/2017 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must	
CLE V: Effective date, if other than the effective date is listed, the date must	st be specific and cannot be more than five business d
CLE V: Effective date, if other than the effective date is listed, the date must	st be specific and cannot be more than five business d
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CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.)	st be specific and cannot be more than five business d
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business d
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:	per or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	st be specific and cannot be more than five business d
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree felon	per or an authorized representative of a member.  208.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  21. The permanent of State execution exe

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)