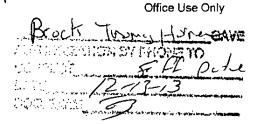


## L13000/72305

(Requestor's Name)
(10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(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:
AGENT CANADA
• SEE NOTE





200254398762

Effective Date Jan. 01,2014

12/06/13--01038--001 \*\*130.00

W13-67414

FILED

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AND ANALYSIS ELOSINA.

T. Burch UEC 1 3 2013

## **COVER LETTER**

Division of Corporations
SUBJECT: Coas tal Customs LLC.  Name of Limited Liability Company
Name of Enimed Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BROCK THOMAS HORWER
Name of Person
COASTAL CUSTOMS LLC Firm/Company
Firm/Company
20362 CADET LANE Address
Address
PORT CHARLOTTE, FL 33952  City/State and Zip Code  brock. coastal eustoms @ gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brock Harwer at 941 822-5908  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  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certificate of Status &
(additional copy is enclosed) 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



December 10, 2013

BROCK THOMAS HORNER 22362 CADET LANE PORT CHARLOTTE, FL 33952

SUBJECT: COASTAL CUSTOMS LLC

Ref. Number: W13000067414

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

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 6, 2013. Please amend your document accordingly.

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 413A00028059

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is	S:	
Coastal Customs	LLC.	
(Must end with the words "Limited Lia	Effective Date Sco. Of 201	t z
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:	7
Principal Office Address:	Mailing Address:	
Daymond Nolte 2654 Stanieni Aug. North Port FL 34258	Brock Horner 22362 Cadet lone Port Charlotte, FL	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Tana H		
22362 CAD	ET LANE BE 9	

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..

ort Charlotte FL 33952 City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Daymond Nolle 2684 STARVIEW ave North Port FL 34188
MGR	Brock Homer 22362 CADET LAWE PORT CHARLOTTE, FL 33952
	TALLAHAS ET

**REQUIRED SIGNATURE:** 

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.)

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)