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(Re	questor's Name)	
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FEECTIVE DATE 02 01 14

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Coastal Interior ( 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:
Cynthia Walker Name of Person
Cynthia Walker  Name of Person  Coastal Interiors  Firm/Company
4015 2nd Ave. N. S Address
St. Petersburg, F1. 33713  City/State and Zip Code  Cynthia. Walker 82 2 yahoo. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code  Cyrthia. Walker 82 Dyahoo. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Cynthica Walkey at 303 406-8476  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wildred of Other marine at postering and areas a comment
ARTICLE I - Name: The name of the Limited Liability Company is:
Coastal Interiors, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address. Science
4015 2nd Ave N. St. Petersburg, F1. 33717
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Cynthia Walker Name
Name
4015 2nd AVE. N Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
St. Petersburg FL 33713 City Zip
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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PALLAHASSEP FE SIATE

ETECTIVE DATE 02/01/14

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	0 10 0 10 1100
AMISE MGR	Cynthia A. Walker
•	4015 2nd AVE N. St. Petersburg F1. 33713
h	
AMBR	Donald Walker 1841 42nd St. N.
	St. Petersbara F1. 33717
<u> </u>	
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