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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: **Registration Section Division of Corporations** Coastal Backflow, 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:

Tyler Caldwell
Name of Person
Firm/Company
7908 Waldorf Ct.
Address
Orlando/ FI 32817
City/State and Zip Code
tcaldwell2010@yahoo.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Tyler Caldwell 386 837-2027
Name of Person Area Code Daytime Telephone Number
Inclosed 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, Certificate of Status \(\) Certified Copy
(additional copy is enclose

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 Limit	ed Liability Company is:					
Coastal Backflow LLC				· · · · ·		
(Must end with the words	"Limited Liabil	ity Company, "L.L.C.,	" or "LLC.")		
ARTICLE II - Addre						
The mailing address as	nd street address of the pr	incipal office of	the Limited Liability	Company is:		
Principal Office Add	ress:	Mailing Add	iress:			
7908 Waldorf Ct		790	3 Waldrof Ct			
Orlando FI 32817	 		ndo Fl 32817			
The name and the Flor	ida street address of the re	egistered agent	are:			
		Name				
•	7908 Waldorf Ct.					
	Florida street address (P.O. Box <u>NOT</u>	acceptable)	_		
	Oriando	F	L 32817			
	City		Zip			
the place designate capacity. I further a	is registered agent and to a ed in this certificate. I here gree to comply with the pr am familiar with and acce	by accept the apovisions of all s	ppointment as registere atutes relating to the p as of my position as reg	d agent and agree to c roper and complete p	act in th erforma	iis ince
	Janela	- Cal	duell			
	Registered Agent	t's Signature (R	EQUIRED)			
	(CO	ONTINUED)		ALL	4 Jan	-11
	1	Page 1 of 2			130 PH 3	

Title:		Name and Address:
'AMBR" = Authorized N	∕lember	
'MGR" = Manager		
AMBR		Tyter Caldwell
		7908 Waldorf Ct.
		Orlando FI 32817
· · · · · · · · · · · · · · · · · · ·		
V: Effective date, if other	ner than the date of filir	ng: (OPTIONAL)
ctive date is listed, the of filing.)	ner than the date of filir late must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90
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E V: Effective date, if out crive date is listed, the of filing.) E VI: Other provisions, if REQUIRED SIGNATU	RE: nature of a member of with section 605.02	or an authorized representative of a member.
EV: Effective date, if out crive date is listed, the of filing.) EVI: Other provisions, if EQUIRED SIGNATU	RE: nature of a member of every matter of the must be specific and the specific and the specific and the specific and the specific and affirmation under the specific and	or an authorized representative of a member. 103 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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EV: Effective date, if out crive date is listed, the of filing.) EVI: Other provisions, if EVII: Other prov	RE: mature of a member of with section 605.02 an affirmation under that any false information that any false felony and third degree felony as	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State is provided for in s.817.155, F.S.)
EV: Effective date, if out crive date is listed, the of filing.) EVI: Other provisions, if EVII: Other prov	RE: mature of a member of with section 605.02 an affirmation under that any false information that any false felony and third degree felony as	or an authorized representative of a member. 103 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 11 tion submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)