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(Re	questor's Name)	
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COVER LETTER

	gistration S vision of Co				
SUBJECT:	Coa	st a	Coast	Wholesale	LLC
		<u> </u>	Name of Li	nited Liability Company	
The enclose	d Articles of	f Organizatio	on and fee(s) a	re submitted for filing.	
Please return	n all corresp	ondence cor	cerning this n	atter to the following:	
	~	<u> </u>	7 ~	_	
	<u></u>	ean i	homa	Name of Person	
•				Name of Person	
•				Firm/Company	
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-	- 1 7 4	0 W-7	CIMAIN	Address	
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•	1.			City/State and Zip Code	
	dolo	2196	como	ast.net	
		E-mail addr	ess: (to be use	d for future annual report no	otification)
For further i	nformation o	concerning t	his matter, ple	ase call:	
TOG O	The	M < <		anu aiu e	525T
	Name	of Parcon	at (_	904 314-5 Area Code Daytim	on Telephone Number
	Name	OI FÇISOII		Area Code Dayum	ie Teiephone Number
Epclosed is	a check for t	the following	g amount:		
\$125.00 Fili			Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
- 4120,00111			te of Status	Certified Copy	Certificate of Status &
				(additional copy is enclos	sed) Certified Copy (additional copy is enclosed)
					(uddinonal copy is cholosed)
	Mailir	ng Address		Street/Courier	Address
	Regist	ration Sectio		Registration Sec	ction
		on of Corpor	rations	Division of Cor	
		lox 6327 assee, FL 32	314	Clifton Building 2661 Executive	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:			
Coast 2 Coast V (Must end with the	Uhole 591 words "Limited Li	e LL ability Con	npany, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of	of the principal offic	ce of the Li	mited Liability Compa	uny is:
Principal Office Address:		Mailing A	ddress:	
9968 Watermark Lane Jacksonville , FL 3225	56	9968 Jac	Watermark Ksonville, FL	32254
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active F	serve as its own Re	gistered A		ate an individual or
The name and the Florida street address	= =			
Sea	Name Name	<u>ح</u>		
	Vaterman			
Florida street a	iddress (P.O. Box N	OT accept		
Jackson	ville	FL	<u> 39タシ</u> (ロ	
	City		Zip	
Having been named as registered agent the place designated in this certificat capacity. I further agree to comply with of my duties, and I am familiar with a	te, I hereby accept the ith the provisions of and accept the onlig	the appointment statutes ations of my 605 F.S	nent as registered agen relating to the proper o y position as registered	t and agree to act in this and complete performance
	1 450 1 01 2			

Jean Thomas 9968 Watermane Lane Jacksonville, FL 32256
-1
an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State wided for in s.817.155, F.S.)
1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State yided for in \$ 817.155. F.S.)

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-