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SECRETARY OF STAFE
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COVER LETTER

	ration Section on of Corporations	e e	
SUBJECT: _	Coastal Appl Name of Lin	lance Service I	leam, LLC
The enclosed A	rticles of Organization and fee(s) ar	e submitted for filing.	
Please return al	l correspondence concerning this m	atter to the following:	
_	Jan	es L. Stout	-
	_	Name of Person	
_	Coastal Ap	pliance Service	e Team, LLC
	lo	o Westminster Address	Drive
	Pal	w Coast FL 35 City/State and Zip Code	2164
	inhora	Chairt 13 @ hatma	il. Cam
	E-mail address: (to be use	Stout 23 @ hotma d for future annual report notifica	tion)
For further info	rmation concerning this matter, plea	ase call:	
Jamest	See nota Storet at (336 <u>U09-9079</u> Area Code Daytime Tel	ephone Number
Enclosed is a cl	heck for the following amount:		
3 \$125.00 Filing	Fee S130.00 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 enclosed)
	Mailing Address	Street/Courier Addr	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	ions
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

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:	
Coastal Appliance Service Team LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	y is:
Principal Office Address: Mailing Address:	
LO Westminster Drue Lo Westminster Dr Folm Coast, FL 32164 Falm Coast, FL 32164	ive L
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designat another business entity with an active Florida registration.)	e an individual or
The name and the Florida street address of the registered agent are:	
James L. Stout	
Name	
60 Westminster Drive	
Florida street address (P.O. Box NOT acceptable)	
talm Coast FL 32164	
City Zip	
Having been named as registered agent and to accept service of process for the above stated ling the place designated in this certificate, I hereby accept the appointment as registered agent of capacity. I further agree to comply with the provisions of all statutes relating to the proper and of my duties, and I am familiar with and accept the obligations of my position as registered and Chapter 605, F.S	and agree to act in this d complete performance
Registered Agent's Signature (REQUIRED)	SS WILL
(CONTINUED) Page 1 of 2	14 OCT 17 AH 7 SECRETARY OF S ALLIAHASSECTE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Times L. Stout.
	60 Westminster Drive
	talm Coast, FL 32164
AMBR	Brenda S. Stout
	to Westminster Drive talm Crost FL 32164
(Use attachment if necessary)	
LE V: Effective date, if other than the dat fective date is listed, the date must be s	te of filing: 10/15/2014 (OPTIONAL) pecific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) LE VI: Other provisions, if any.	petint and talinot be inore man live business days prior to or s
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	needa I Stout
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6	Alkda I Stout nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date ective date is listed, the date must be so of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	Meda Atout nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State:
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