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T. BROWN

## **COVER LETTER**

Division of Corporations		
SUBJECT: Coastal Custom Coatings LLC		· · · · · · · · · · · · · · · · · · ·
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Kelly Hanna	Name of Person	
Coastal Custom Coatings LLC		
	Firm/Company	
327 Riverside Drive		
	Address	
Palm Beach Gardens	ity/State and Zip Code	
bootlebay@bellsouth.net E-mail address: (to be used	for future annual report notifica	tion)
For further information concerning this matter, plea	se call:	
Tot larger microscon concerning and names, pre-		
Kelly Hanna at ( 5	561 ) 236-9208	
Name of Person		ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee  □ \$130.00 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 Registration Section Division of Corporations P.O. Box 6327	Street/Courier Adda Registration Section Division of Corporat Cliffon Building	ions
Tallahassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2014

KELLY HANNA COASTAL CUSTOM COATINGS LLC 327 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410

SUBJECT: COASTAL CUSTOM COATINGS LLC

Ref. Number: W14000064328

We have received your document for COASTAL CUSTOM COATINGS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L13000101796.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 714A00022677

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	552.0 7
Coastal Custom Coatings & FAUX LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
327 Riverside Drive Palm Beach Gardens FL 33410	327 Riverside Drive Palm Beach Gardens FL 33410
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Keily Hanna	

Name

327 Riverside Drive
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens

City

Zip

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.

gistered Agent's Signature (REQUIRED)

CONTINUED)

Page 1 of 2

litle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Kelly Hanna
	327 Riverside Drive
	Paim Beach Gardens FL 33410
AMBR	James VanEttan
	1700 NE 23rd Terrace
	Jensen Beach FL 34957
V: Effective date, if other than the	date of filing: (OPTIONAL)
ctive date is listed, the date must   f filing.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or
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V: Effective date, if other than the tive date is listed, the date must filing.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of (In accordance with secticonstitutes an affirmation)	a member or an authorized representative of a member.  an 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the tive date is listed, the date must filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with section of the constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member.
V: Effective date, if other than the tive date is listed, the date must filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with section stitutes an affirmation I am aware that any false	a number or an authorized representative of a member.  on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)