# L16000062633

(Re	questor's Name)	
. (Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300283597653

03/25/16--01032--015 \*\*130.00

ALLANASSEE FLORING

MAR 3 1 2016 T. BROWN

#### **COVER LETTER**

Division of Corporations
SUBJECT: Going Coastal Degtin  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:
Kimberly Darnell Graham Name of Person
Going Coastal Destin
3291 Scenic Hwy 98 unit 104
Destin, FL 32541
Destin, FL 32541  City/State and Zip Code  Grandcarribbean east 104 a yahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberly Graham at (901) 219.7321 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

## **Mailing Address**

**Registration Section** 

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

### Street Address

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

(additional copy is enclosed)

# SOLAR 25 PH 2: 20 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3744 East Pointe Dr Southaven, Ms 38672	3744 East Pointe Dr Southaven, MS 38672

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:

Scenic Hwy 98 Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member   MGR" = Manager	
AMBR	Chris Graham
AMBR AMBR	3144 FAST Pointe Dr Southairen US 38672
MGR	Kimberly D. Graham
	Southaven, MS 38672
V: Effective date, if other than the dative date is listed, the date must be s filing.)	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be s filing.)  the date inserted in this block does not ent's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the dative date is listed, the date must be s filing.)  the date inserted in this block does not ent's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the dative date is listed, the date must be s filing.) ne date inserted in this block does not ent's effective date on the Department of the	meet the applicable statutory filing requirements, this date will not to of State's records.
V: Effective date, if other than the dative date is listed, the date must be sfiling.) ne date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any.  EQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records.
filing.) ne date inserted in this block does not ent's effective date on the Department.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of an This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not to of State's records.
V: Effective date, if other than the dative date is listed, the date must be significant.)  This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not to of State's records.  Demonstrate of a member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2