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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Mobility Transportation, 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:

Jared Schnader
Name of Person

Coastal Mobility Transportation, LLC
Firm/Company

4251 Commons Dr. W Unit 5106
Address

Destin, FL 32541
City/State and Zip Code

jared.schnader@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jared Schnader at (205) 515-8752
Name of Person Area Code Daytime Telephone 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

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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

Name and Address:

Jason Kreitzer
4251 Commons Dr W #5106
Destin, FL 32541

Lindsey Kreitzer
4251 Commons Dr W #5106
Destin, FL 32541

Jared Schnader
216 Queens Gate
Maylene, AL 35114

Michelle Schnader
216 Queens Gate
Maylene, AL 35114

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/1/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Jared Schnader

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)