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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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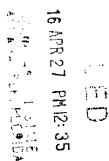




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MAY 4 2016 S. GILBERT



COVER LETTER

TO! Segistration Section Division of Corporations
SUBJECT: Coastal Mobility Transportation, UC 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
Coustal Mobility Transportation, LLC
4251 Commons Dr. W Un 14-5106 . Address
Destin, FL 32541 City/State and Zip Code
janed. Schauder@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tored Schnuder 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)