LL6000 43470

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200288310122

07/27/16--01011--002 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COASTAL STAGING CONCEPTS 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:
VICTORIA C. FUTRAL Name of Person
COASTAL STAGING CONCEPTS LLC Firm/Company
317 SUNSET ROAD
FROSTPROOF FL 33843 City/State and Zip Code
E-main address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VICTORIA C FUTRAL at (863) 635-2577 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

COASTAL STAGING CONCEPTS LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

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

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

VICTORIA C FUTRAL

Principal Office Address:
7 SUNSET Rd

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

	7	Name				
	317 SUN	SET \$	RD			
	Florida street address (I	P.O. Box <u>NOT</u>	acceptable)			
	FROSTPROOF	FL	3 <i>384</i> 3			
	City	State	Zip			
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appoin visions of all statutes rela gations of my position as Manuel Registere	atment as registering to the proper registered agent description of	ered agent and agree to act er and complete performan t as provided for in Chaptel Lud ature (REQUIRED)	in this capacity. ce of my duties, a	I	
	(CONTINUED)			
		Page 1 of 2			16 JUL 27 AH 7:	

Title: AMBR" = Authorized Member	Name and Address:
MGR" = Manager MGR	VICTORIA CFUTRAL
	FROSTPROOF FL 33843
AMBR	CAROL BLACKWELL
4	NEWPORT RICHIE FL 34668
AMBR	WHITNEY R ROUNTREE
4.00.04	GULFPORT FL 33707
ABIBR	MOSGAN E. KOUNTREE 11850 9TM St. NO APT 17803
	St. Refers burg , 33716
se attachment if necessary)	
V: Effective date, if other than the tive date is listed, the date must filing.)	be specific and cannot be more than five business days prior to or 96
V: Effective date, if other than the tive date is listed, the date must filing.) the date inserted in this block does not seffective date on the Depart	be specific and cannot be more than five business days prior to or 96 s not meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the tive date is listed, the date must filing.) the date inserted in this block does not seffective date on the Depart	be specific and cannot be more than five business days prior to or 96 s not meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the ive date is listed, the date must filing.) e date inserted in this block doesnt's effective date on the Depart VI: Other provisions, if any. EOUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 96 s not meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the tive date is listed, the date must filing.) ne date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of This document is 1 am aware that an	s not meet the applicable statutory filing requirements, this date will no train of State's records. f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817,155, F.S.
V: Effective date, if other than the tive date is listed, the date must filing.) be date inserted in this block does ent's effective date on the Depart vi: Other provisions, if any. EOUIRED SIGNATURE: Signature of This document is 1 am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will no train of State's records. f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
V: Effective date, if other than the tive date is listed, the date must filing.) be date inserted in this block does ent's effective date on the Depart vi: Other provisions, if any. EOUIRED SIGNATURE: Signature of This document is 1 am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not the time of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
V: Effective date, if other than the ive date is listed, the date must filing.) e date inserted in this block doe not's effective date on the Depart VI: Other provisions, if any. Signature of This document is a may aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will nature of State's records. f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes y false information submitted in a document to the Department of Statutes of the Statute of th

Page 2 of 2