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COVER LETTER

Division of Corporations	
SUBJECT: Coastine Environmental Name of Limited Liability Company	Materiels
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christopher G. Lang Name of Person	5/or
PoBox #4 2671 Crawford	
Crawfordur/le. 41 3232 City/State and Zip Code	27
Christangs for Eliver com E-mail address: (to be used for future annual report r	
For further information concerning this matter, please call:	
Chris Langston at (850) 5/9. Name of Person Area Code Daytime T	- 7989 Clephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enc	Certificate of Status &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CP.O. Box 6327Clifton BuildTallahassee, FL 323142661 Execution	ection Corporations

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Coastine Environmental Materiels LLC (Must contain 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:
3295 Crawfordville Hwy C2	P.O. Box #4 2671 Crawfordville Hwy
Crawforduille fl. 32327	Crawfordrille \$ 32327

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:

Audie E Langston
Name

Harida circuit address (P.O. Bay NOT acceptable)

Tallahassee fl. 32303

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Chris Langston Po Box 4, 2671 Crawfordville Hwy Crawfordville fl. 32327
	Andie E Langston 4010 Old Bainbridge Rd. Tallahassee 1 32503
mgr mgr	Rusty Pigotet 3295 Compfordville Huy C2 Crawfordville fl. 32327
m GR	Jim Avitable 3295 Crawfordville Hwy C2 Crawfordville ft. 32327
(Use attachment if necessary)	*
he date of filing.) Note: If the date inserted in this block does not be document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any,	
	
REQUIRED SIGNATURE:	and function
This document is exc I am aware that any I	member of an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Filing Fees:

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

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

ARTICLE IV-