# L18000048 108

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## **COVER LETTER**

TO: New Filing Section		
Division of Corporations		
SUBJECT: Gulf Coast Transaction Mgt L.L.C. 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:		
Trisna Strickland		
Name of Person		
WIF Coast Transaction Mgt L.L.C Firm/Company		
7572 Barry Coult Address		
Servinde, Fl. 33772 City/State and Zip Code		
tstrickland 908@gmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Triska Strictland at (12) 488-2720  Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ie:

The name of the Limited Liability Company is:

(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:

#### 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:

Name

7572 Barry Court

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)

Title: (AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Trista Strickland MONORDS  -572 Parry Coult Seninde, Fl. 33772
<del></del>	
<del></del>	
(Use attachment if necessary)	
he date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is executed in acc	an authorized representative of a member, cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.
Triska Stri	or printed name of signee

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

Filing Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)