

118000092141

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

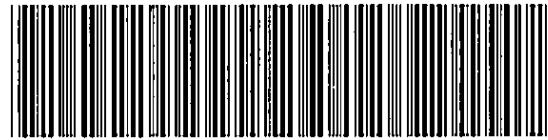
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300311813393

300311813393  
04/17/18--01002--008 \*\*125.00

SEARCHED  
INDEXED  
SERIALIZED  
FILED

18 APR 16 PM 4:36

18 APR 16 PM 4:48

FILED

APR 16 2018  
T SCHROEDER

## **CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COASTAL AUDITING &  
COMPLIANCE LLC

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

**Signature**

Requested by: Seth 04/16/18  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

## COVER LETTER

TO: New Filing Section  
Division of Corporations

**SUBJECT:** COASTAL AUDITING & COMPLIANCE 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:

TRINA F. NEULSON

Name of Person

**Firm/Company**

1936 14TH AVE SW

### Address

VERO BEACH, FL 32962

**City/State and Zip Code**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MORIAH JENKINS 772 460-6786  
at ( )

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COASTAL AUDITING & COMPLIANCE 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:**

1936 14TH AVE SW  
VERO BEACH FL 329

1936 14TH AVE SW  
VERO BEACH, FL 329

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

**11.2.2.2.1. 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:

TRINA E. NEILSON

Name \_\_\_\_\_

1936 14TH AVE SW

Florida street address (P.O. Box NOT acceptable)

VERO BEAC

## FLORIDA

12062

City

500

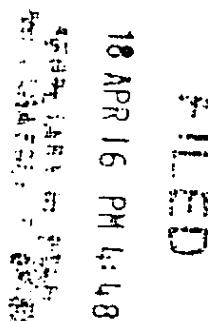
312

*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.*

Nina F. Wilson

**Registered Agent's Signature (REQUIRED)**

**(CONTINUED)**



## 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

Name and Address:

TRINA F. NEILSON  
1936 14TH AVE SW  
VERO BEACH, FL 32962

AMBR

MATTHEW S. NEILSON  
1936 14TH AVE SW  
VERO BEACH, FL 32962

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_ (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 inscribed 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:**

Dina F. Wilson

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.

TRINA F. NEILSON

Type 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)**

18 APR 16 PM 4:48