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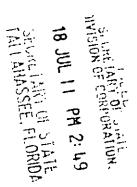
(Requestor's Name)			
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### **COVER LETTER**

	w Filing Section vision of Corporations
SUB IDOT.	Coastal Consulting LLC
SUBJECT:	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Stephen C. Young
	Name of Person
	Coastal Consulting, ELC
	Firm/Company
	620 Walton Way
•	Address
	Miramar Beach, FL 32550
b	City/State and Zip Code aykrewe@icloud.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
5	Steve Young 850 624-5272
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
<b>\$</b> 125.00 Fil	Sing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy

## 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

Godstal Consulting, LLC Stephen	young Coastal Consulting ability Company, "L.C.," or "LLC.")
(Must contain the words "Limited Lia	ibility Company, "LL.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
620 Walton Way	620 Walton Way
Miramar Beach, FL 32550	Miramar Beach, FL 32550

Stephen C. Young
Name

110

620 Walton Way

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

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

Miramar Beach FL 32550

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)

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Stephen C. Young

620 Walton Wav

Miramar Beach, FL 32550

AMBR

Lisa S. Young

620 Walton Way

Miramar Beach, FL 32550

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:	06/15/2018 (OPTIONAL)
(If an effective date is listed, the date must be specific and	d cannot be more than five business days prior to or 90 days after
the date of filing.)	

Note: If the date inserted 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:

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.

Stephen C. Young

Typed 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)

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