# 119000177668

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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19 JUL -8 PH 5: 30

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Tap the Coast	
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:	
Dannon Hooks Name of Person	-
Name of Person	
Jap the Coast Firm/Company	-
7989 Stonebrook Dr.	_
Address	
Pensacola, FL 32514  City/State and Zip Code	
dannonhorks a amail com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Dannon Hooks at (850) 322.8579  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addit	
Mailing Address Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:		
$\overline{\mathcal{T}}_{0}$	ap the Co	ast, LL(	1 "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ress of the principal offi	ce of the Limited	Liability Company is:
Principal (	Office Address:		Mailing Address:
7989 Stor Pensaci	Pbrook Dr. Dh, Fl 32514		1989 Stonebrook Dy. Pensacola, FL 32514
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own R	egistered Agent. Y	it's Signature: 'ou must designate an individual or
The name and the Florida street add	dress of the registered a	gent are:	
	<u>Dann</u>	on Hook Name	S
	7989 5	Stonebro	ok Dr.
	Florida street address (	P.O. Box <u>NOT</u> ac	eceptable)
-	PET BACOL City	State	32514 Zip
	O.,,	~ ***	

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)

19 JUL - 8 PM 5: 30

Title: "AMBR" = Autho "MGR" = Manag		Name and Address:
MGR - Manag		<u>Dannon Hooks</u>
	<del></del>	
(Use attachment i	f necessary)	
(Use attachment i	-	filing: (OPTIONAL)
ICLE V: Effective da effective date is liste ate of filing.)	te, if other than the date of d, the date must be specif	
ICLE V: Effective da • effective date is liste ate of filing.) • If the date inserted	te, if other than the date of d, the date must be specif	fic and cannot be more than five business days prior to or 90 days afte at the applicable statutory filing requirements, this date will not be listed
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ICLE V: Effective date is listerate of filing.)  If the date inserted focument's effective described in the light series of th	in this block does not mee ate on the Department of sions, if any.  Signature of a member	fic and cannot be more than five business days prior to or 90 days afte at the applicable statutory filing requirements, this date will not be listed

as

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)

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Tap the Coast 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:
Dannon Hooks Name of Person
Jap the Coast
7989 Stonebrook Dr.
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dannon HookS at (850) 322.8579  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} S155.00 Filing Fee & Certificate of Status & Cer
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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Tap the Coast	LLC
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	imited Liability Company is:
Principal Office Address:	Mailing Address:
7989 Stonebnok Dr. Pensacola, FL 32514	1989 Stonebrook DY. Pensacola, FL 32514
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	•
Dannan H	naka
Name	
7989 Stone	brook Dr.
Florida street address (P.O. Box N	OT acceptable)
<u> </u>	32514
City State	Zip
Having been named as registered agent and to accept service of process f place designated in this certificate, I hereby accept the appointment as registriher agree to comply with the provisions of all statutes relating to the p am familiar with and accept the obligations of my position as registered a Registered Agent's S	gistered agent and agree to act in this capacity. I

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	
MGR	<u>Lannon Hooks</u>
<del></del>	
EV: Effective date, if other than ective date is listed, the date must filling.)	the date of filing:
of filing.) the date inserted in this block d ment's effective date on the Dep	st be specific and cannot be more than five business days prior to or 90 di
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block d	st be specific and cannot be more than five business days prior to or 90 di bes not meet the applicable statutory filing requirements, this date will not be artment of State's records.
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E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block dinent's effective date on the Dep E VI: Other provisions, if any.  REQUIRED SIGNATURE  Signature This document I am aware that	Des not meet the applicable statutory filing requirements, this date will not be artment of State's records.  If a member or an authorized representative of a member. It is a member of a member of statutes. It is a document to the Department of State information submitted in a document to the Department of State.
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