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COVER LETTER

(Name of Limited Liability Company)

Registration Section
Division of Corporations

SUBJECT: COASTAL DESIGN GROUP, PLLC

TO:

The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are subliability company to transact business in Florida	oility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Tracy Newman	
(Nar	ne of Person)
MyCorporation.com	as was a second of the second
(Fire	n/Company)
26520 Agoura Road	
((Address)
Calabasas, California 9	1302
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	ase call:
Tracy Newman	at (818) 879-9079 X 60134
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: [2] \$125.00 Filing Fee [2] \$130.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. COASTAL DESIGN GROUP, PLLC	
(Name of Foreign Limi	ited Liability Company)
2. Mississippi (Jurisdiction under the law of which foreign limited liabil company is organized)	3. 20-2090314 (FEI number, if applicable)
4. December 22, 2004 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business i (See sections 608.501 & 608.502	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
Pascagoula, Mississippi 39568	lress of Principal Office)
8. If limited liability company is a manager-mana 9. The name and usual business addresses of the r	- · · · · · · · · · · · · · · · · · · ·
Edward H. Wikoff - 3036 Longfellow Dr. L. David Compton - 1706 Convent Ave Geoffrey F. Clemens - 3036 Longfe	
10. Attached is an original certificate of existence, no more than	n 90 days old, duly authenticated by the official having custody of records in occepy is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducte	ed or promoted in Florida: engineering,
(In accordance with section 608.408) an affirmation under the penalties of Edward H. Wikoff, Men	n authorized representative of a member. (3), F.S., the execution of this documen constitutes f perjury that the facts stated herein ale true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ODESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF ORIDA.	
1.	The name of the Limited Liability Company is:	

COASTA	L DESIGN GRO	UP, PLLC	
2. The name a	and the Florida street add	dress of the registered agent and office are:	
	NRAI Services,	Inc.	
		(Name)	
		e Park Drive, Suite 4	
	Florida Stre	et Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Weston	EL 33331	
		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 608, Florida Statutes.

Lisa Begg, Asst. Sec. for NRAI Services, Inc.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify as follows:

That on December 22, 2004, the State of Mississippi issued Professional Limited Liability Company charter of incorporation to COASTAL DESIGN GROUP, PLLC.

That insofar as the records of this office are concerned, the said COASTAL DESIGN GROUP, PLLC is in good standing at this time.

OB APR 17 PH 4: 15
SECHLINGSEE FLORIDA
TALLAHASSEE FLORIDA

Given under my hand and seal of office April 3, 2006

Eric Clark

ERIC CLARK Secretary of State

