# MD9000000 864

(Requ	estor's Name	)
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(City/s	State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number	)
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DIVISION OF CORPORATION

09 MAR -3 AM 10: 46

T. HAMPTON

MAR - 4 2009

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Coastal Unlimited, LLC	
(Name of Lim	ited Liability Company)
	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
DEBRA ANZALONE	· · · · · · · · · · · · · · · · · · ·
(Na	me of Person)
Business Support, Inc.	
(Fir	m/Company)
417 Stowe Ave, Suite A	
	(Address)
1 ( )	
Orange Park, FL 32073	
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
DEBRA ANZALONE	at ( 904 ) 264-1289
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_\$125.00 \text{Filing Fee} \sum_\$130.00 \text{Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



# FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAR -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 23, 2009

DEBRA ANZALONE BUSINESS SUPPORT INC 417 STOWE AVE - STE A ORANGE PARK, FL 32073

SUBJECT: COASTAL UNLIMITED, LLC

Ref. Number: W09000008450

We have received your document for COASTAL UNLIMITED, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is P96000088004 (COASTAL UNLIMITED, INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 509A00006220



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAR -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 3, 2009

DEBRA ANZALONE BUSINESS SUPPORT INC 417 STOWE AVE - STE A ORANGE PARK, FL 32073

SUBJECT: COASTAL UNLIMITED OF CENTRAL FLORIDA, LLC

Ref. Number: W09000008450

We have received your document for COASTAL UNLIMITED OF CENTRAL FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 309A00007333

#### WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of COASTAL UNLIMITED, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
GEORGIA
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
COASTAL UNLIMITED OF CENTRAL FLORIDA, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company. L.L.C., or LLC.)
Date: 02/26/2009
Signature(s) of Manager(s) and/or Managing Member(s):
BRIAN L. JOHNS SRMGRM
_

CR2E122 (7/07)

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
, Coastal Unlimited, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COASTAL UNLIMITED OF CENTRAL FLORIDA, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
<sub>2.</sub> Georgia <sub>3.</sub> 51-0658331
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 11-01-2007 <sub>5.</sub> Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 158 Mackay Drive, Brunswick, GA 31525
P O Box 16896, Fernandina Beach, FL 32035  (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here  9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
BRIAN L. JOHNS SR MGRM
158 MACKAY DRIVE
BRUNSWICK GA 31525
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful business
Signature of a member or an authorized representative of a member. (In accordance with section 698.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)  Rrian L. Johns, Sr. Owner/President

Typed or printed name of signee

# 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.

If name unava	ailable, the alternate name to be used in the state of Florida is:	
COASTA	L UNLIMITED OF CENTRAL FLORIDA, LLC	
2. The name	and the Florida street address of the registered agent and office are:	
	Business Support, Inc	
	(Name)	
	417 Stowe Ave, Suite A	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Orange Park FL 32073	
	City/State/Zip	
liability compe	named as registered agent and to accept service of process for the above state any at the place designated in this certificate, I hereby accept the appointmenter to act in this capacity. I further agree to comply with the provisions of all s	t as register

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

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

\$ 5.00 Certificate of Status (optional)

Control No. 07090317

# STATE OF GEORGIA

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **COASTAL UNLIMITED**

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 11/01/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 16th day of December, 2008

Haun Chandle Karen C Handel

Secretary of State

Certification Number: 3289901-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp