Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

SECREGATIONS DIV

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:				
	Coastal Acquistions, LLC				
	☐ This company has been duly organized in its state of forma	ation as a low-profit limited liability compa	any. (Check box if applicable)		
2.	The name, if different, under which it proposes to reg	ister and transact business in RI	node Island is:		
3.	The limited liability company is organized under the la	aws of Alabama			
4.	The date of its organization is 06/25/2009				
5.	The period of duration of the limited liability company	is (if perpetual, so state) Perpe	tual		
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	• • • •				
	222 Jefferson Blvd Suite 200	Warwick	, RI <u>02888</u>		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Incorp Service, Inc				
	(Name of Agent)				
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident agent diligence.				
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
	3315 Demetropolis Rd, Mobile AL 36693				
			10:34 AM		
9.	The mailing address for the limited liability company is	s:	FILED		
	3315 Demetropolis Rd, Mobile AL 36693		N 1 5 2015		
			-		
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Form No. 450 Revised: 07/12 KM

10.		Management of the Limited Liab	pility Company (check <u>one</u> only):	
	A. The limited liability company is to be managed by its members. (If you have checked this box, No. 11 – DO NOT LIST ANY NAMES IN SECTION B.) Or			
	B. The limited liability company is to be managed of by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name an address of each manager.)			
	<u>Manager</u>		<u>Address</u>	
	Jared Irby		3315 Demetropolis Rd, Mobile AL 36693	
	_			
11.	This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.			
12.	The	e date this Application for Registra	ation is to become effective, if later than the date of filing, is:	
	Up	on filing		
	(not prior to, nor more than 30 days after, the filing of this Application for Registration)			
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Date	₄ . (01/09/2015	Coastal Acquisitions, LLC	
	·· _		Print Exact Name of Limited Liability Company Making Application	
			Bu ///	
			By Signature of Authorized Person	

Jim Bennett Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Coastal Acquisitions, LLC was formed in Mobile County, Alabama on June 25, 2009. The Alabama Entity Identification number for this entity is 435-290. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/13/2014

Date

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Jim Bennett

Secretary of State

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