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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

: (800)345-4647

Phone Fax Number

: (800) 432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mark@casillaslaw.com

Foreign Limited Liability Company Coalview Advent, LLC

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COVER LETTER

TO;	Registration Section Division of Corporati	ous.				
SUBJE	Coslview Advent	LLC				
		Name of	Limited Liability (ompany		
					ransact Business in Plorida," Certifica ty company to transact business in Fl	
Please	return all correspondence	s concerning this matter to the	following:			
	Mark Casilla	•				
		N	lame of Person			
	Casillas Law	Group				
Firm/Company						
8 Bartel Court						
Address						
	Tiburon, CA 94920					
	City/State and Zip Code					
	mark@oasillas	mon.wa				
		E-mail address: (to be use	d for future annual	report no	tification)	
Por furt	her information concerni	ng this matter, please call:				
	Mark Casillas		415 at (533-64	155	
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassen, PL 32314	i.i 15		Division Registral Clifton B 2661 Exc	FADDRESS: of Corporations tion Section Building secutive Center Circle see, FL 32301	
Enclosed	d is a check for the foller □ \$125.00 Filing Pee	wing amoust: \$130.00 Filing Fee & Cartificate of Status	S155.00 Filing Cortifled Copy	; Fee &	☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy	



October 13, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR, STE A TALLAHASSEE, FL 32301

SUBJECT: COALVIEW ADVENT, LLC

REF: W16000070002

Please give the original submission date as the file date 10/12/2016

We have received your document for COALVIEW ADVENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return 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) 245-6051.

Octavia I Simmons Regulatory Specialist II FAX Aud. #: E16000252490 Letter Number: 016A00022021

16 0CT 12 fdf

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

Coalview Advent, LLC			
		N A A A A A A A A A A A A A A A A A A A	
(MEDIE Of POP	aigh Limited Liability Company; mist inch	de "Limited Liability Company," "LLC.," or "LLC.")	
isbility Company," "L.L.C,	Itemate name adopted for the purpose of tre	nsacting business in Florida. The alternate name must include "Limited	
Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
10/7/16			
75 Valencia Avenue, S	(Date first transacted business in F (See acctions 605.0904 & 605.0905, Suite 600	orida, if prior to registration.) F.S. to determine penulty liability)	
Coral Gables, PL 331;	34		
	(Street Address of Princip	l Office)	
75 Valencia Avenue, S	uite 600		
Coral Gables, FL 3313	34		
	(Mailing Addres	9)	
Name and street address	g of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name;	Capitol Corporate Services, Inc.		
Office Address:	155 Office Plaza Dr Sie A		
	Tallahassee	, Florida 32301	
	(City)	(Zip sode)	
REISTREMA A PRITT'S ACCOUNT			
aving been named as re signated in this applicat complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment of	process for the above stated limited liability company at the place is registered agent and agree to act in this capacity. I further agent complete performance of my duties, and I am familiar with Lo Saechao, Asst. Secretary on behi	ree and
aving been named as re signated in this applicat complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment o ons of all statutes relative to the proper	is registered agent and agree to act in this capacity. I further ag	ree and
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Delaware The First State

Page 1

I, JEFFREX W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COALVIEW ADVENT, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE ELEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COALVIEW ADVENT, LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE,

5965590 8300 SR# 20166147805

You may verify this certificate online at corp.dolaware.gov/authwer.shtml

Control of the same of the sam

Authentication: 203139294

Date: 10-11-16