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# CORPORATE ACCESS, \_\_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

	CERTIFIED COPY		- 1,2	
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#### **COVER LETTER**

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TO: Registration Section

Na	ame of Limited Liability Company
closed "Application by Foreign Limited Liabilit nee, and check are submitted to register the abov	ty Company for Authorization to Transact Business in Florida." Certific re referenced foreign limited liability company to transact business in F
return all correspondence concerning this matte	r to the following:
Rebecca Hanson	
	Name of Person
Quik Filings LLC	
	Firm/Company
9789 Springwood Dr	
	Address
Kalamazoo, MI 49009	
	City/State and Zip Code
matthewshamoun96@yahoo.com, rasi	ha@thomaslicensing.com
	be used for future annual report notification)
ther information concerning this matter, please	
Rebecca Hanson	at () 743-4201 Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

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

IN COMPLIANCE WITH SECTION 695.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coast 2 Coast Lenders, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

C2C Lending, LLC				
H'name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The	alternate name must include "Limited Liability Con	npany," "L.L.C," or "LLC
Michigan 2		3.	93-1524151	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, it applicable)		
4.				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration	n.) liability)	
13770 W 9 Mile Rd. 5. (Street Address of Principal Office)		6	13770 W 9 Mile Rd.	
Street Address of Principal Office)	***************************************	0.	(Mailing Address)	
Oak Park, MI 48237			Oak Park, MI 48237	20
				J. 5:402
	<del></del>			27
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)	
Name:	InCorp Services. Inc.			P.: 15: 0
ivanic.	3458 Lakeshore Drive	_	<del></del>	É
Office Address:				
	Tallahassee		32312 , Florída	
	(City)		(Zip code)	

#### Registered agent's acceptance:

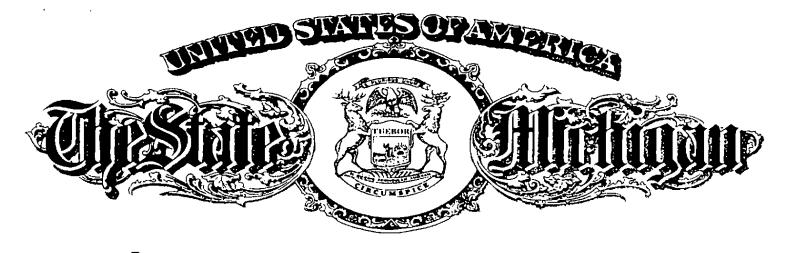
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Rebecca	Hanson	Attorney-in-fact for InCorp Services, Inc.	
	(Registe	red agent's signature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Matthew Shamoun Wilson Shamoun □Manager □Manager Address: \_\_ 13770 W 9 Mile Rd. Address: 13770 W 9 Mile Rd. Member ■Member Oak Park, MI 48237 Oak Park, MI 48237 Authorized ■Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_ ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ □ Manager Name: \_\_\_\_\_ Name: \_\_\_\_ □Manager □Member Address: \_\_\_\_\_\_ ☐ Member Address: □Authorized ☐ Authorized Person Person □Other Other\_\_\_\_ Other\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Matthew Shamoun



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

COAST 2 COAST LENDERS, LLC

was validly authorized on May 19, 2023, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of May, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 23050691604