

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000252457 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (800)345-4647

: (800) 432-3622 Fax Number

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 Centralia, llc

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 11 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

OCT 19 2016

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 CENTRALIA, LLC

REF: W16000070013

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

We have received your document for COALVIEW CENTRALIA, 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. #: E16000252457 Letter Number: 316A00022022

COVER LETTER

| SUBJE | Coalview Centralia | | | | | |
|-----------------------|------------------------------------------------------|---------------------------------------------------------------|------------------------------------------|-----------------------------|----------------------------------------------------------------|---------------------------------|
| | | , LLC | | | | |
| | _ , , | . Name of | Limited Liability | Company | | |
| The enci Existence | losed "Application by Force, and check are submitted | reign Limited Liability Com ad to register the above refer | pany for Authoriza enoed foreign limi | tion to Tri ted liabilit | ansact Business in Florida," (y company to transact busine | Certificate of ss in Florida |
| Picase n | eturn all correspondence | concerning this matter to the | following: | | | |
| | Mark Casiling | | | | | |
| | | N | ame of Person | | | |
| | Casillas Low C | roup | | | | |
| - | | F | irm/Company | | | |
| | 8 Bartel Court | | | | | |
| | - | | Address | | · · · · · · · · · · · · · · · · · · · | |
| | Tiburoa, CA 9 | 4920 | | | | |
| | | City/S | tate and Zip Code | | | |
| | mark@casillasia | w.com | | | | |
| | | E-mail address: (to be use | d for future annual | report not | fication) | |
| For furth | er information concernin | g this matter, please call: | | | | |
| | Mark Casillas . | | 41 5 | 333-64 | 55 | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Number | |
| | MAILING ADDRESS: Division of Comporations | | | | ADDRESS: of Corporations | |
| | Registration Section | | | Registrati | on Section | |
| | P.O. Box 6327 Tallahassee, FL 32314 | | | | miding autive Center Circle oe, PL 32301 | |
| nalosed | l is a check for the follow | ing amount: | | | | |
| | □ \$125.00 Filing Fee | S130.00 Piling Fee & Cartificate of Status | S155,00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Cer of Status & Certifled Copy | |

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

| (Name of Yor | LC sign Limited Liability Company; must include "Li | ited Liability Company," "L.L.C.," or "LLC.") | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| f name unavailable, enter | lkernate name adopted for the purpose of transacting | ; business in Florida. The alternate name must include "Limit | id_3 |
| iability Company," "L.L.C. | ," or "LLC.") | 7 | |
| Delaware | 3 | 14.20 | :5 |
| (Jurisdiction under the 1sw company is organized) | of which foreign limited liability | (PPI number, II applicable) | .,64 |
| 10/7/16 | | | Þ |
| | (Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to | f prior to registration.) | . 7> |
| 75 Valoncia Avenue, | • | 77 (| , |
| | | | AIII |
| Coral Gables, FL 331 | | 5r | 7 5 |
| 75 Valencia Avenue, S | (Street Address of Principal Offic | s) >> | , and |
| 12 4 BROKENE TACING! D | THE YOU | | |
| Coral Gables, FL 331 | | · · · · · · · · · · · · · · · · · · · | |
| | (Mailing Address) | - | |
| Name and street addre | as of Florida registered agent; (P.O. Box NO | _acceptable) | |
| Name: | Capitol Corporate Services, Inc. | | |
| | 155 Office Plaza Dr Ste A | | |
| Office Address: | | | |
| | To Halannaa | 20201 | |
| egistered agent's accep | Taliahassec (City) | , Florīda 32301 | |
| laving been named as re esignated in this applica complywith the provisi | (City) stance: significant and to accept service of proce- stant. I hereby accept the appointment as resi | (2)p code) s for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on b | r agree with and ehalf |
| aving been named as resignated in this application complywith the provision | (City) stance: sgistered agent and to accept service of proce stion, I hereby accept the appointment as reg- lons of all statutes relative to the proper and s | (2)p code) so for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on be of Capitol Corporate Services, Inc | r agree with and ehalf |
| aving been named as resignated in this applicate only with the provision of the obligations of the obligations of the obligations. | (City) itance: registered agent and to accept service of proce ption, I hereby accept the appointment as regions of all statutes relative to the proper and a my position as registered agent. | (2) code) as for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on be of Capitol Corporate Services, Incomature) | r agree with and ehalf |
| aving been named as resignated in this applicate only with the provision of the obligations of the obligations of the obligations. | (City) Intraces Intraces Ingistered agent and to accept service of procee Introduction, I hereby accept the appointment as reg- Introduction as registered agent. (Registered agent's a Introduction and address of the person(s) who has/have Irman, General Manager, and CEO | (2) code) as for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on be of Capitol Corporate Services, Incomature) | r agree with and ehalf |
| (aving been named as reesignated in this applicate on this applicate complywith the provisioners the obligations of the obligat | (City) Intraces Intraces Ingistered agent and to accept service of procee Introduction, I hereby accept the appointment as reg- Introduction as registered agent. (Registered agent's a Introduction and address of the person(s) who has/have Irman, General Manager, and CEO | (2) code) as for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on be of Capitol Corporate Services, Incomature) | r agree with and ehalf |
| (aving been named as reesignated in this applicate on this applicate complywith the provisioners of the obligations of the obligations of the obligations of the obligations of the name, little or captured A. Schwedel, Cha | (City) Intraces Intraces Ingistered agent and to accept service of procee Introduction, I hereby accept the appointment as reg- Introduction as registered agent. (Registered agent's a Introduction and address of the person(s) who has/have Irman, General Manager, and CEO | (2) code) as for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on be of Capitol Corporate Services, Incomature) | r agree with and ehalf |
| faving been named as reesignated in this applicate complywith the provision of the obligations of the obliga | (City) Intraces Intraces Ingistered agent and to accept service of proces Introduced in the appointment as registered agent. (Registered agent's a Introduced in the proper and agent's a Introduced in the person of the p | (2) code) as for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on be of Capitol Corporate Services, Incomplete performance is large. a suthority to manage is large: uthenticated by the official having custody of records in a foreign language, a translation of the certificate under | r agree with and shalf |
| faving been named as resignated in this applicate complywith the provisioner the obligations of the obligation obligation of the obligation of the obligation obligatio | (City) Its aces Its aces Its aces Its aces Its aces Its accept and to accept service of proce Its acity and situates relative to the proper and a Its acity and address of the person(s) who has/hav Irman, General Manager, and CEO Its of existence no more than 90 days old, duly a of which it is organized. (If the certificate is in United) | (2)p code) as for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on be of Capitol Corporate Services, Incompanies. In authority to manage is/arc: uthenticated by the official having custody of records in a foreign language, a translation of the certificate under the person. | r agree with and shalf |
| faving been named as resignated in this applicate complywith the provisioners the obligations of the obligation of the obligations of the obligation obligation of the obligation of the obligation of the obligation obligation obligation obligation obligation obligation oblig | (City) Its aces Its aces Its aces Its aces Its aces Its accept and to accept service of proce Its aces Its a | (2) code) as for the above stated limited liability company at the stered agent and agree to act in this capacity. I further omplete performance of my duties, and I am familiar LO SBECHAO, ASSI. SECRETARY ON be of Capitol Corporate Services, Incometed Services, Incometed Services, Incometed Services, Incometed by the official having custody of records in a foreign language, a translation of the certificate under the dependent of the certificate under the statutes. I am aware that any false information | r agree with and shalf |
| faving been named as resignated in this applicate complywith the provisioners the obligations of the obligation of the obligations of the obligation obligation of the obligation of the obligation of the obligation obligation obligation obligation obligation obligation oblig | (City) Its aces Its aces Its aces Its aces Its aces Its accept and to accept service of proce Its acity and situates relative to the proper and a Its acity and address of the person(s) who has/hav Irman, General Manager, and CEO Its of existence no more than 90 days old, duly a of which it is organized. (If the certificate is in United) | (2)p code) Is for the above stated limited liability company at the stered agent and agree to act in this capacity. I furthe complete performance of my duties, and I am familiar Lo Saechao, Asst. Secretary on book of Capitol Corporate Services, Incompanies a suthority to manage is/are: uthenticated by the official having custody of records in a foreign language, a translation of the certificate under the companies of the certificate under the companies of the certificate under the certificate unde | r agree with and shalf |

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COALVIEW CENTRALIA, 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

CENTRALIA, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5175662 8300 SR# 20166147805 You may verify this contilicate of

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203139297

Date: 10-11-16