

118000009256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

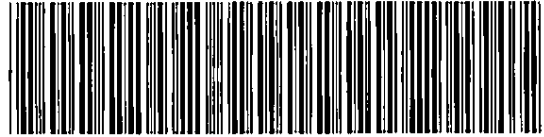
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Filing Office

11/16/18 DS

**COASTAL MANAGEMENT GROUP, INC.**  
**1720 Harrison Street, Unit 17A**  
**Hollywood, FL 33020**

October 8, 2018

***Sent Via Federal Express***

Dionne M. Scott, Regulator Specialist II  
Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **Rejection Letter Number: 718A00020739**  
**Coastal Management Group, LLC (DE) Doc. No. W18000088418**  
**Coastal Management Group, Inc. (FL) Doc. No. P05000076321**

Dear Ms. Scott:

We are in receipt of the State's Letter Number 718A00020739, whereby it rejected Coastline Management Group, LLC, a Delaware limited liability company's Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida because it has a similar name to Coastline Management Group, Inc., a Florida corporation.

We are the Directors and shareholders of Coastline Management Group, Inc., a Florida corporation and the sole Members of Coastline Management Group, LLC, a Delaware limited liability company. We hereby authorize Coastal Management Group, LLC, a Delaware limited liability company to use said and transaction business in Florida under said name.

Based on the above, please withdraw the State's objection and approve Coastal Management Group, LLC, a Delaware limited liability company's Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Very truly yours,

Coastline Management Group, LLC

By: 

Eyal Mehaber, Director/Shareholder

By: 

Felice Mehaber, Director/Shareholder

**Sign  
Here**

Encl. Letter 718A00020739

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 10/4/18**

**NAME: COASTLINE MANAGEMENT GROUP, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*AtHodge*

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COASTLINE MANAGEMENT GROUP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHILIP C. ROSEN, ESQ.

Name of Person

BECKER & POLIAKOFF, P.A.

Firm/Company

1 EAST BROWARD BOULEVARD, SUITE 1800

Address

FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

PROSEN@BECKERLAWYERS.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

PHILIP C. ROSEN

954

364-6026

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COASTLINE MANAGEMENT GROUP, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1979053

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1720 HARRISON STREET

(Street Address of Principal Office)

6. (SAME AS STREET ADDRESS)

(Mailing Address)

UNIT 17A

HOLLYWOOD, FL 33020

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BECKER & POLIAKOFF, P.A.

Office Address: 1 EAST BROWARD BLVD., SUITE 1800

FORT LAUDERDALE

(City)

, Florida 33301

(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.*

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>EYAL MAHABER</u> <u>1720 HARRISON STREET, UNIT 17A</u> <u>HOLLYWOOD, FL 33020</u>	_____	_____ _____ _____
<u>MGR</u>	<u>ISADORE COHEN</u> <u>3363 NE 163RD STREET, SUITE 801</u> <u>NORTH MIAMI, FL 33160</u>	_____	_____ _____ _____

(Use attachments if necessary)

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)

PHILIP C. ROSEN, ESQ.

(Typed or printed name of signee)

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# Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTLINE MANAGEMENT GROUP, 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 THIRD DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTLINE MANAGEMENT GROUP, LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

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OCT 10 2018  
8:52



  
Jeffrey W. Bullock, Secretary of State

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SR# 20186972426

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203544587

Date: 10-03-18