

B230000000318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

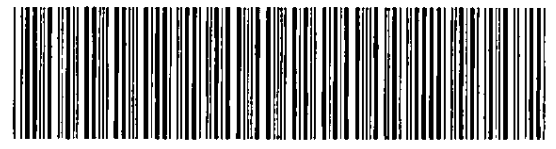
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000099074

Office Use Only



200411664462

07/06/23--01010--009 **87.50

09/18/23--01028--011 **1000.00

2023 SEP 15 PM 4:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2023

MICHAEL SETH SEAGRAVES
1031 LEXINGTON CT
BISHOP, GA 30621 US

SUBJECT: COASTLINE BLUE LIMITED LIABILITY LIMITED PARTNERSHIP
Ref. Number: W23000099074

We have received your document for COASTLINE BLUE LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, this is the wrong form for a limited liability limited partnership filing. You may look it up on sunbiz.org and reapply. It's cost is vastly different. You may send a check with the difference. It is \$1000.00.,

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 523A00016097

RECEIVED
SEP 15 2023

41,000.00

Florida Dept of State

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastline Blue
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

~~Robert~~ Seth Seagraves
Contact Person
Coastline Blue
Firm/Company
1031 Lexington Court, Bishop
Address
Bishop, GA 30621
City, State and Zip Code
seth@coastline.blue
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darrell Garner at (678) 699-7742
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
☐ \$1,008.75 Filing Fees and Certificate of Status
☐ \$1,052.50 Filing Fees and Certified Copy
☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Coastline Blue Limited Liability Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

Coastline Blue

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Georgia
State or Country of Formation

3. 88-2153387 4/12/22
Date of Formation

4. Federal Employer Identification Number: 88-2153387

5. Name of Registered Agent for Service of Process and Florida Street Address:

Kendall Cook
27717 SE Hwy 19
Old Town, FL 32680

6. 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.

Kendall Cook
Signature of Registered Agent

7. Principal Office:

1031 Lexington Ct
Bishop GA 30621

8. Mailing Address:

9. If limited partnership is a limited liability limited partnership, check box. ☒

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Seth Seagraves

Street Address: 27717 SE Hwy 19
Old Town FL 32680

Mailing Address: 2256 Oldfield Drive
Bogart GA 30622

Name of General Partner: Kendall Cook

Street Address: 1045 Old Mill Trace
Monroe GA 30656

Mailing Address: () ()

Name of General Partner: Darrell Garner

Street Address: 1031 Lexington Ct
Bishop GA 30621

Mailing Address: () ()

Name of General Partner:

Street Address:

Mailing Address:

2023 SEP 15 PM 4:45

FILED

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

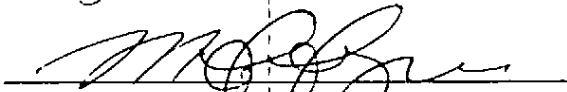
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 20th day of August, 2023



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Coastline Blue Limited Liability Limited Partnership

a Domestic Limited Liability Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24526884
Date Inc/Auth/Filed: 04/12/2022
Jurisdiction : Georgia
Print Date : 02/14/2023
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State