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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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WA-74700

COVER LETTER

TO: New Filing Section Division of Corporations				
0 1,1 1/1/2 1 - 1 - 0 00 Tr				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Leigh Ann Duble				
Name of Person				
Firm/Company				
8023 Mud Lab Dd				
. Address				
Marchannin 5/ 32063				
City/State and Zip code				
coastalhills enter DRISES @ 9 mail. com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
()				
Leigh Dubre a1 904, 259-6475				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section *MAILING ADDRESS: New Filing Section				
New Filing Section New Filing Section Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
FL Dept of State -ck Certified Copy				

RECEIVED

14 DEC 29 PM 2: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2014

LEIGH ANN DUBIE 8033 MUD LAKE RD MACCLENNY, FL 32063

SUBJECT: COASTAL HILLS ENTERPRISES, INC.

Ref. Number: W14000074700

We have received your document for COASTAL HILLS ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 514A00026551

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. (Enter name of co	EWITH SECTION 607.1503, FLORIDA STAT REIGN CORRORATION TO TRANSACT BUS. Disporation; must include "INCORPORATED," "Copp.," "Inc.," "Co," or "Corp.")	(NESS IN THE STATE OF FLORIDA TORON, "CORPORATION,"	á. ÍOC. ,		
(11 haine unavana	ble in Florida, enter alternate corporate name adop	HT-2177 3 1/2	ss in Florid	a)	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)			
4. 500	Tembor 18,2014 5	ERDETICA 1			
(Date	of incorporation) (Du	tration: Year corp. will cease to exist or	"perpetual	<u>")</u>	
6.	(Date first transacted business in Flor				
7 <u>8033</u>	(SEE SECTIONS 607.1501 & 607.1502, I		2063	<u>}</u>	
P. Nome and street	(Current mailing address)	NOT	TO THE	DEC 29	•
8. Name and street	address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)			1.
Name:	Business Filings Incorporated		:=	8: 15	*
Office Address:	515 E. Park Avenue			2	
	Tallahassee	, Florida 32301			
	(City)	(Zip code)			
designated in this a further agree to cor	It's acceptance: If as registered agent and to accept service of as registered agent and to accept service of application, I hereby accept the appointment in a poly with the provisions of all statutes relative miliar with and accept the obligations of my applications of the control of the c	as registered agent and agree to act be to the proper and complete perfor position as registered agent.	in this ca	pacity	ce v. I

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

11. Names and business addresses of officers and/or directors. A. DIRECTORS Vice Chairman: NA Address: _ Ke Rd, Mactlenny, FL 32063 Director: NA Address: **B. OFFICERS** Vice President: _______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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. Leigh Ann J

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COASTAL HILLS ENTERPRISES**, **INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 18, 2014, and is in good standing in this state.

AL OF THE OF

Electronic Certificate
Certificate Number: C20141028-2858
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 28, 2014.

ROSS MILLER Secretary of State

14 DEC 29 AM 8: 15