

F16000003085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

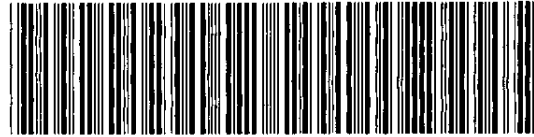
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form -

W16-43626

Office Use Only



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06/09/18--01023--002 \*\*125.00

OFFICE OF THE  
TALLAHASSEE, FLORIDA

2018 JUN 11 A 10:23

FILED

JUN 12 2018

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2016

PRIVATE ADVISING GROUP P.A.  
ATTN: CAROLINA RINCON CORTES  
600 BRICKELL AVE, STE 1725  
MIAMI, FL 33131

SUBJECT: COACH LABS INC.  
Ref. Number: W16000043626

FILED  
2016 JUL 11 A 10:23  
TALLAHASSEE, FLORIDA

We have received your document for COACH LABS INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign limited liability company, but your entity is a foreign corporation. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 316A00012727

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Coach Labs Inc.

**SUBJECT:** \_\_\_\_\_

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:

Carolina Rincon

\_\_\_\_\_  
Name of Person

Private Advising Group

\_\_\_\_\_  
Firm/Company

600Brickell Avenue,suite1725

\_\_\_\_\_  
Address

Miami, Florida33131

\_\_\_\_\_  
City/State and Zip code

ines@private-advising.com

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

For further information concerning this matter, please call:

CarolinaRincon

786

292-1599

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

Coach Labs Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 81-2763645  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/24/16 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16938 Knightsbridge Ln, Delray Beach Florida 33484  
(Principal office address)
- 16938 Knightsbridge Ln, Delray Beach Florida 33484  
(Current mailing address, if different)

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

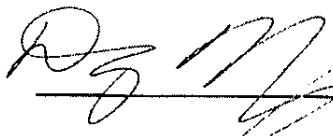
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*



Dang Nguyen, Asst. Secretary, C T Corporation System

(Registered agent's signature)

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**

Chairman: Francisco Quintero

Address: 16938 Knightsbridge Ln, Delray Beach Florida 33484

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Francisco Quintero

Address: 16938 Knightsbridge Ln, Delray Beach Florida 33484

Director: Juan Bermudez

Address: 16938 Knightsbridge Ln, Delray Beach Florida 33484

**B. OFFICERS**

President: Juan Bermudez

Address: 16938 Knightsbridge Ln, Delray Beach Florida 33484

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Francisco Quintero

Address: 16938 Knightsbridge Ln, Delray Beach Florida 33484

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Francisco Quintero

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

# Delaware

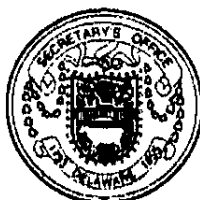
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COACH LABS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



6050772 8300

SR# 20164307795

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202435765

Date: 06-06-16