

# FRAUDS 364

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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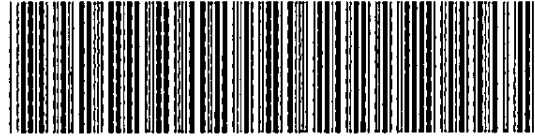
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gulf Coast Alliance, Inc.  
\_\_\_\_\_  
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:

Samantha Jackson

_____ Name of Person
Meriam Corporate Services, Inc.
_____ Firm/Company
PO Box 52588
_____ Address
Mesa AZ 85208
_____ City/State and Zip code
meriamfinancial@gmail.com
_____ E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Samantha Jackson	720	318.8456
_____ Name of Person	at (_____) 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.

1. Gulf Coast Alliance, Inc.
(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. Louisiana 83-1263572
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/18/2018 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. 8380 Baymeadows Rd Ste 16 Jacksonville FL 32256
(Principal office address)

(Current mailing address, if different)

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

Name: Anthony Moore
Office Address: 8380 Baymeadows Rd Ste 16
Jacksonville FL 32256, Florida
(City) (Zip code)

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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.

[Signature]
(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: Anthony Moore  
Address: 8380 Baymeadows Rd Ste 16  
Jacksonville FL 32256

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

Director: Anthony Moore  
Address: 8380 Baymeadows Rd Ste 16  
Jacksonville FL 32256

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

**B. OFFICERS**

President: Anthony Moore  
Address: 8380 Baymeadows Rd Ste 16  
Jacksonville FL 32256

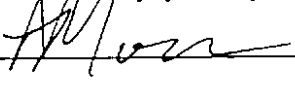
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Anthony Moore  
Address: 8380 Baymeadows Rd Ste 16 Jacksonville FL 32256

Treasurer: Anthony Moore  
Address: 8380 Baymeadows Rd Ste 16 Jacksonville FL 32256

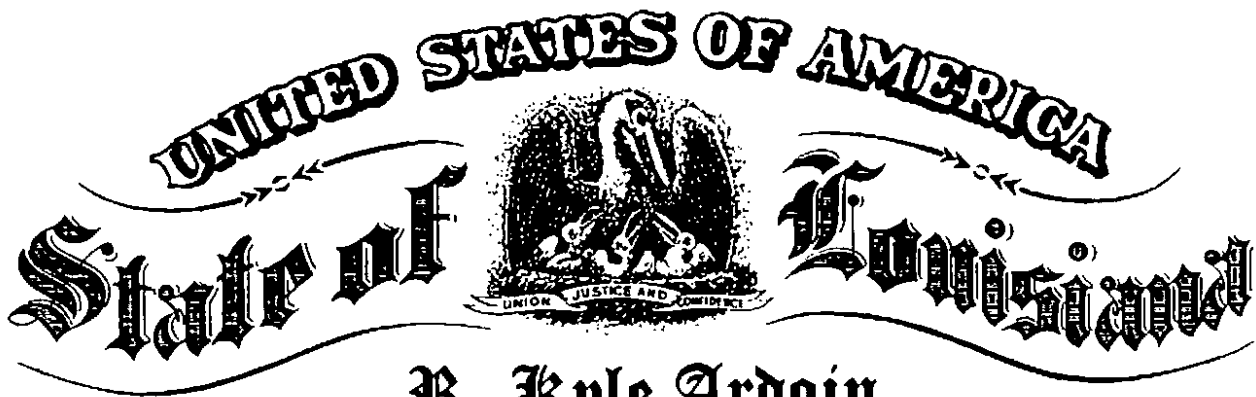
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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Anthony Moore, President  
(Typed or printed name and capacity of person signing application)



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

**GULF COAST ALLIANCE, INC.**

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on July 18, 2018,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

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In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 30, 2019

*Secretary of State*

Web 43133257D



Certificate ID: 11135339#TLJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)