# F2000001001

(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:					
11200000					
W20000011377					





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## **COVER LETTER**

	ion of Corporations					
SUBJECT:	COASTAL PAWS IN	С				
Sobole 1.	1	Name of corporation	n - mus	t include suffix		
Dear Sir or M	adam:					
"Certificate of	"Application by Fore f Existence," or "Cert ced foreign corporation	ificate of Good Sta	nding"	and check are subi		
Please return	all correspondence co	ncerning this matte	er to the	following:		
JILL LONG						
	•	Name o	f Persor	<u> </u>		
COASTAL PA	AWS INC					
	-	Firm/Co	mpany	-		<u> </u>
7778 MCGIN	NIS FERRY ROAD, #2	34				
		Add	ress			
SUWANEE, C	GA 30024					
<u> </u>	<del></del>	City/State	and Zip	code	<del>-</del> ·	
JILL@COAST	TALPAWS.COM					
	E-mail a	ddress: (to be used	for futi	ire annual report n	otification)	<del></del>
For further in	formation concerning	this matter, please	call:			2070 FEB 18
JILL LONG		630 at (	) 66	0-6943		633
Nam	e of Person	Area Co	de –	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ph 1:53
Enclosed is a Please make of \$70.00 Fil	_	ng amount: IDA DEPARTMEN 5 Filing Fee & ficate of Status	☐ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 Filis	of Status &

# 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.

I. <u>COASTAL</u> PAY		_			
	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION,"			
	stal Paws I, Inc.				
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting but	siness in Florida)		
GEORGIA	82-2216042 3.				
			(FEI number, if applicable)		
07/11/2 <b>017</b>	<u> </u>				
(Date	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)		
N/A					
122 SEASCABE	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty liability)			
TEE STANCALD	DRIVE, UNIT 1407, MIRAMAR BEACH, FL 3 (Principal office				
7778 McGinnis I	Ferry Road. #234. Suwance, GA 30024	<u></u> ,,,			
	(Current mailing	address, if different)			
. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	2020 FER 18		
Name:	Registered Agents Inc	_	8 18		
Office Address:	7901 4th St N, Ste 300	_	Pii		
	St. Petersburg	, Florida	<del>.</del> 5		
•	(City)	(Zip code)	CO.		

#### 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.

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.

#### A. DIRECTORS Name: \_\_ □ Chairman Name: □ Chairman 122 SEASCAPE DRIVE Address: \_\_\_\_\_ □Vice Chairman □ Vice Chairman Address: \_ **UNIT 1407** □ Director □Director MIRAMAR BEACH, FL 32550 □President President □Vice President □Vice President \_\_\_\_\_ □Treasurer □ Secretary □ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □ □Other \_\_\_\_ Name: KEVIN LONG Name: \_\_\_\_\_ □ Chairman □Chairman Address: \_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman **UNIT 1407** □ Director □Director MIRAMAR BEACH, FL 32550 □ President □President ■ Vice President □Vice President □ Secretary ☐ Treasurer ■ Treasurer Secretary □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name; \_\_\_\_\_\_ □ Chairman Address: ☐ Vice Chairman □ Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □President □Vice President □Vice President \_\_\_\_ ☐Treasurer 🧐 □ Secretary □Treasurer □ Secretary ☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 \$,817.155, F.S.

JILL LONG

Control Number: 17076023

## 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

Coastal Paws, Inc.
a Domestic Profit Corporation

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 : 18375342 Date Inc/Auth/Filed: 07/1 H2017

Jurisdiction : Georgia
Print Date : 01/16/2020

Form Number : 211

...



Brad Rafforgerger

**Brad Raffensperger Secretary of State** 



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2020

JILL LONG 7778 MCGINNIS FERRY RD #234 SUWANEE, GA 30024 US

SUBJECT: COASTAL PAWS, INC. Ref. Number: W20000011377

We have received your document for COASTAL PAWS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 820A00002533

RECEIVED FEB 1 8 2020