

F21000004831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

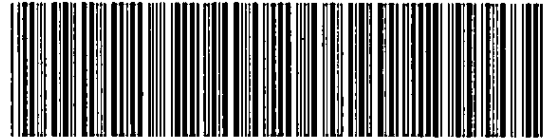
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastview Properties, 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:

Francis A. Shannon
Name of Person

Coastview Properties, Inc.
Firm/Company

21 McGrath Highway, Unit 406
Address

Quincy, MA 02169
City/State and Zip code

fas@coastviewproperties.com
E-mail address: (to be used for future annual report notification)

2021 AUG 18 PM 4:27

For further information concerning this matter, please call:

Francis A. Shannon at (617) 686-3514
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Coastview Properties, 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. Massachusetts 3. 47-3721565
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 14, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 429 Seabreeze Boulevard, Suite 12, Fort Lauderdale, FL 33316
(Principal office street address)

(Current mailing address, if different)

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


Name: Francis A. Shannon

Office Address: 429 Seabreeze Blvd., Suite 12

Fort Lauderdale, Florida 33316
(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.



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2021 AUG 18 PM 4:27

A. DIRECTORS

☐ Chairman Name: Francis A. Shannon

☐ Chairman Name: _____

☐ Vice Chairman Address: 1556 South Ocean Lane

☐ Vice Chairman Address: _____

☐ Director Unit 103

☒ Director Fort Lauderdale, FL 33316

☐ Director _____

☒ President _____

☐ President _____

☐ Vice President _____

☐ Vice President _____

☒ Secretary

☒ Treasurer

☐ Secretary

☐ Treasurer

☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

☐ Chairman Name: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ Director _____

☐ President _____

☐ President _____

☐ Vice President _____

☐ Vice President _____

☐ Secretary

☐ Treasurer

☐ Secretary

☐ Treasurer

☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

☐ Chairman Name: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ Director _____

☐ President _____

☐ President _____

☐ Vice President _____

☐ Vice President _____

☐ Secretary

☐ Treasurer

☐ Secretary

☐ Treasurer

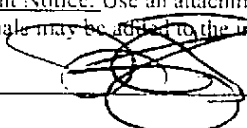
☐ Other _____

☐ 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.

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. Francis A. Shannon, President
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: July 20, 2021

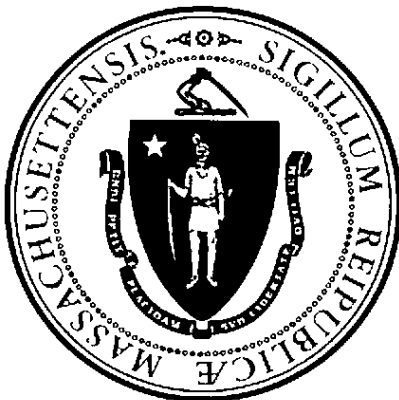
To Whom It May Concern :

I hereby certify that,

COASTVIEW PROPERTIES, INC.

appears by the records of this office to have been incorporated under the General Laws of the
Commonwealth on May 14, 2015.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21070434160

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: bod

2021 AUG 18 PM 4:28