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SECRETARY OF STATE
HV15-GH GF CORPORATIONS

COVER LETTER

TO:		tration Section ion of Corporations				
SUBJ	ECT:	Coastal Property Advisors, I	nc.			
2020	~~.	Name	of co	orporation	- must include suffix	
Dear S	Sir or M	adam:				
"Certi	ficate of	"Application by Foreign Conferment of Existence," or "Certificated ced foreign corporation to the conferment of the conf	of (Good Stanc	ling" and check are subn	
Please	return a	all correspondence concern	ing t	his matter	to the following:	
Herma	ın Singh					
•		<u> </u>		Name of F	erson	
Coasta	l Proper	ty Advisors, Inc.				
		-, <u>-</u>		Firm/Com	oany	
336 N.	. Birch R	oad, ste. 16-E				
				Addre	SS .	
Fort La	auderdal	e, FL 33304				
			Ci	ty/State an	d Zip code	
hs@co	astalpro	pertyadvisors.com				
		E-mail address	s: (to	be used for	or future annual report no	tification)
For fu	rther inf	formation concerning this n	natte	r, please ca	ill:	
Herma	n Singh		at (310	625-6175	
	Name	e of Person	2. (310 Area Code	Daytime Telepho	one Number
	Regist Divisi The C 2415	ET/COURIER ADDRES tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 816 passee, FL 32303			MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please		check for the following ame eck payable to: FLORIDA D ng Fee S78.75 Filin Certificate	EPA ig Fe	RTMENT : e & □	OF STATE \$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.

able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)
3	93-1493309
y under the law of which it is incorporated)	(FEI number, if applicable)
5	
of incorporation)	(Date of duration, if other than perpetual)
	in Florida, if prior to registration)
	,
(Principal of	fice street address)
ste. 16-E, Fort Lauderdale FL 33304	5
(Current maili	ing address, if different)
	ing address, if different)
	O. Box NOT acceptable)
Herman Singh	
336 N. Birch rd stc. 16-E	
Ft. Lauderdale	, Florida
(City)	(Zip code)
	y under the law of which it is incorporated) (Date first transacted business (SEE SECTIONS 607.1501 & 607.150

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]:

A. DIRECTORS Herman Singh □ Chairman □ Chairman Name: Name: 336 N. Birch Rd ste. 16-E Address: □Vice Chairman ☐ Vice Chairman Address: Ft. Lauderdale, FL 33304 ☐ 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 □Treasurer □ Secretary ☐ Secretary ☐ Treasurer ☐ Other _____ □Other _____ □ Other _____ ☐ Other _____ □ Chairman Name: ____ □ Chairman Name: ______ □Vice Chairman Address: _____ Address: _____ □ Vice Chairman ☐ Director ☐ Director □ President President ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □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

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.

, Herman Singh, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: COASTAL PROPERTY ADVISORS, INC.

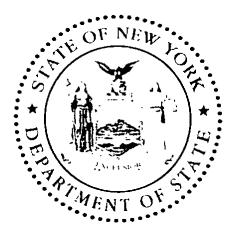
DOS ID Number: 6840171

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 05/22/2023

Statement Status: CURRENT Statement Due Date: 05/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 02, 2024 at 01:40 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendon C Hughen

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100005477118 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at