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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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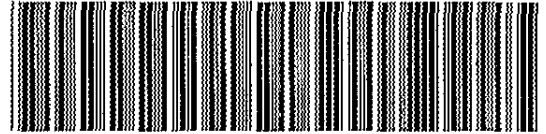
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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COURONNE

Intercoastal Distributors LLC
145-18 243 Street
Rosedale, NY 11422
Cell: 718-930-9903 or 305-216-8645
Tel.: 718-978-6001 Fax: 718-978-6023

August 31, 2003

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dear Sir/Madam:

Enclosed is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Certificate of Designation of Registered Agent/Registered Office and the applicable filing fee of \$125.

Please process the above documents and send the Certificate of Authorization to:

Karin Vickers
20 Island Avenue, #807
Miami Beach, FL 33193.

If you need additional information, please call the undersigned at 305-970-0667.

Sincerely,

Karin Vickers

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. INTERCOASTAL DISTRIBUTORS LLC
(Name of foreign limited liability company)
2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 03-0517232
(FEI number, if applicable)
4. MAY 07, 2003
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. OCTOBER 1, 2003 (OR WHEN FL AUTHORIZATION IS RECEIVED)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 145-18 243 STREET
ROSEDALE, NY 11422
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

KARIN VICKERS 20 ISLAND AVE #807 MIAMI BEACH, FL 33139

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

WHOLESALE DISTRIBUTION OF BEVERAGES (NON-ALCOHOLIC)

Karin Vickers 8/31/03

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KARIN VICKERS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

INTERCOASTAL DISTRIBUTORS LLC

2. The name and the Florida street address of the registered agent and office are:

KARIN VICKERS

(Name)

20 ISLAND AVE, #807

Florida street address (P.O. Box **NOT** ACCEPTABLE)

MIAMI BEACH FL 33139

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Karin Vickers 8/31/03

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of New York | **ss:**
Department of State

I hereby certify, that INTERCOASTAL DISTRIBUTORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/07/2003, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 26th day of August
two thousand and three.*

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