Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617- 6383

From

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291

Phone Fax Number : (407) 847-7466 : (407) 847-6641

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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enai i	ACICH MXX:				

## Foreign Limited Liability Company Coastal Timeshare Creations, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu 100.8 1.10 (1960)

To: 8506176383@rcfav.con Fax: +18506176383

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## (((H14000170642 3)))

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Coastal Timesha	are Creations, LLC			
	Name of Limited Liability Company			
The enclosed "Application by Foreign Existence, and check are submitted	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate of to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence cor	neerning this matter to the following:			
	Candy McDonah			
	Name of Person			
	Swart Baumruk & Company LLP			
	Firm/Company			
	4404 Missauda )			
	1101 Miranda Lane			
	Address			
	Kissimmee, FL 34741			
City/State and Zip Code				
	taxes@sbc-cpa.com			
······································	E-mail address: (to be used for future annual report notification)			
For further information concerning t	his matter, please call:			
Canaly Ma Damah				
Candy McDonah	at ( 407 ) 847-7466  Contact Person Area Code Daytime Telephone Number			
Millio Of C	Municipal Maca Code Dayettic recipitate reduited			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations Registration Section	Division of Corporations Registration Section			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
Turidisee Tis. 22.72.7	Tallahassee, FL 32301			
Enclosed is a check for the fol	lowing amount:			
	☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			

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#### From: Dixie Kennedy Fax: (866) 695-0896 To: 8506176383@rcfax.com Fax: +18506176383

# (((H14000170642 3)))

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

1. Coastal Timeshare Creations, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C." or "L	• A. V.
(Name of Foreign Limited Liability Company; must include "Limited Hability Company," "Lil., C.," of "L	D.C.: )
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C." or "LLC.")	must include "Limited
2. South Carolina 3.	,
(Jurisdiction ender the law of which foreign limited liability (FEI number, if applicable company is organized)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 2 North Forest Beach Drive	
Hilton Head Island, SC 29928	THE PER
(Street Address of Principal Office)	36 E C
6. 2 North Forest Beach Drive	
Hilton Head Island, SC 29928	79:
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to many	age is/are:
Ted J. Morris, Managing Member, 24 Old Fort Drive, Hilton Head, SC 29928	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic	ated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A pho acceptable. If the certificate is in a foreign language, a translation of the certificate under or	tocopy is not
must be submitted)	im of me translator
Signature of an authorized person	
(In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that arm aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for	t the facts stated herein are true. 1 or in s.817.155, F.S.)
Ted J. Morris	
Typed or printed name of signee	•

1. The name of the Limited Liability Company is:

From: Dixie Kennedy

To: 8506176383@rcfax.con Fax: +18506176383

### (((H14000170642 3)))

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Coastal T	imeshare Creations, LLC			
If unavailable, the alternate to be used in the state of Florida is:				
2. The name	and the Florida street address	of the registered	agent and office are:	ARAGE AND
	Swart Baumruk & Comp	any LLP		<u> </u>
	4404 Mi	(Name)		S
	1101 Miranda Lane	ldress (P.O. Box NO	T ACCEPTABLE)	
liability comporegistered ago statutes relati	Kissimmee  mamed as registered agent and any at the place designated in ent and agree to act in this cap ing to the proper and complete ligations of my position as reg	this certificate, I to pacity. I further as performance of n	hereby accept the app gree to comply with t my duties, and I am fa	pointment as he provisions of all uniliar with and
Statutes.	<b>2</b>			,
	Many Shar	nature)		
	(0	•		
	\$ 100.00 \$ 25,00 \$ 30.00	Designation (	of Registered Agent	

\$ 5.00 Certificate of Status (optional)

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# The State of South Carolina



Office of Secretary of State Mark Hammond

# **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COASTAL TIMESHARE CREATIONS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 3rd, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 15th day of July, 2014.

Mark Hammond, Secretary of State