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K.SALY EXAMINER AUG 2 4 2015 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230: Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 742239 8060339

AUTHORIZATION

COST LIMIT : (\$\frac{1}{25.00}

ORDER DATE: August 11, 2015

ORDER TIME : 3:11 PM

ORDER NO. : 742239-005

CUSTOMER NO: 8060339

FOREIGN FILINGS

NAME: COASTER BOAT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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 BUSINESS IN THE STATE OF FLORIDA:

1. COASTER BOA (Name of Foreign	AT, LLC gn Limited Liability Company; must	include "Limited Lic	ability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alte Liability Company," "L.L.C,"	emate name adopted for the purpose or "LLC.")	of transacting busine	ss in Florida. The alternate nar	ne must include "Limited
2. Delaware		3. 47-4697	940	
(Jurisdiction under the law o company is organized)	f which foreign limited liability		(PE) number, if applicable)
4.	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to 1905, F.S. to determin	o registration.) e penalty liability)	•••
5. 528 LAKEVIEW	CT.			_
MIAMI, FLORIDA	A 33140			2015 AUG 21
	(Street Address of Pr	rincipal Office)		Egg
6. SAME				- 影。
				55 A.
	(Mailing A	ddress)		一 原 天
7. Name and street address	of Florida registered agent: (P.C		table)	FLORESTE.
Name:	SALVADOR LAIRET	-	<u> </u>	
Office Address:	528 LAKEVIEW CT.		ning.	
	MIAMI (City)	· · · · · · · · · · · · · · · · · · ·	_, Florida <u>33140</u> (Zip code)	_
this application, I hereby a	istered agent and to accept servi eccpt the appointment as registe atutes relative to the proper and on as registered agent.	red agent and agre	e to uct in this capacity. I ance of my duties, and I an	further agree to comply
8 The name title or canac	ity and address of the person(s) v	who bas/have autho	rity to manage is/are:	
·	RET, SOLE MEMBER/W		ing to manage to the	
528 LAKEVIEW		IANAOEN		
MIAMI, FLORIDA	A 33140			· · · · · · · · · · · · · · · · · · ·
9. Attached is a certificate o jurisdiction under the law of of the translator must be sub	Saluh	s old, duly authenti tificate is in a forei	gn language, a translation o)	custody of records in the f the certificate under oath
	n accordance with section 605.03 he Department of State constitute			
	SALVA	OOR LAIRET		_
-	Typed or pri	inted name of signee		

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COASTER BOAT, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-NINTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTER BOAT,
LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2015 AUG 21 AM 9: 34 SECRETARY OF STATE TALLAHASSEE, FLORID 4

4928343 8300

151108033

AUTHENTY, CATION: 2599299

DATE: 07-29-15

You may verify this certificate online at corp.delaware.gov/authver.shtml