

115000007672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

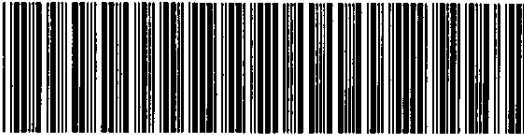
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y SULKER

201 Beal Building
5 North 3rd Avenue West
Duluth, Minnesota 55802-1614

218-727-5066 office
218-529-2373 fax



September 9, 2015

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Form(s) Registration a foreign Limited Liability Company is enclosed as follows

AMOUNT

COPPOLA ARTISTICA LLC.

\$125.00 – check enclosed

Please stamp the enclosed copy of this letter with the date received and return it to our office in the envelope provided.

Thank you.

Anderson, Kuiti & Asuma, PLLC
Certified Public Accountants

jk
enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COPPOLA ARTISTICA LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

GIUSEPPE COPPOLA

Name of Person

COPPOLA ARTISTICA LLC

Firm/Company

225 MIAMI AVENUE WEST, SUITE 4

Address

VENICE FLORIDA 34285

City/State and Zip Code

coppolaartimports@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIUSEPPE COPPOLA

218 576-2092
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. COPPOLA ARTISTICA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MINNESOTA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1221833

(FEI number, if applicable)

4. SEPT 15, 2015

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 225 MIAMI AVENUE WEST, SUITE 4

VENICE FLORIDA 34285

(Street Address of Principal Office)

6. 225 MIAMI AVENUE WEST, SUITE 4

VENICE FLORIDA 34285

(Mailing Address)

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

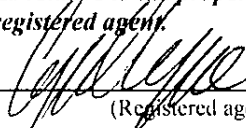
Name: GIUSEPPE COPPOLA

Office Address: 225 MIAMI AVENUE WEST, SUITE 4

VENICE, Florida 34285
(City) (Zip code)

Registered agent's acceptance:

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 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)

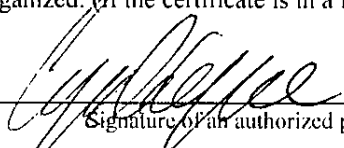
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

GIUSEPPE COPPOLA, PRESIDENT

225 MIAMI AVENUE WEST, SUITE 4

VENICE FLORIDA 34285

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

GIUSEPPE COPPOLA

Typed or printed name of signee

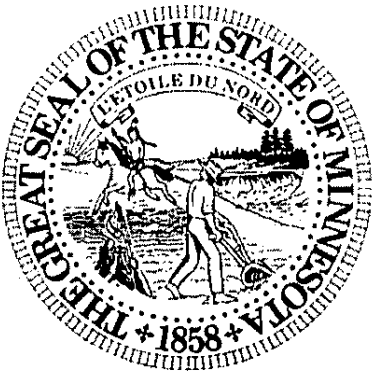
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SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Coppola Artistica, LLC
Date Filed: 10/10/2012
File Number: 621739000027
Minnesota Statutes, Chapter: 322B
Home Jurisdiction: Minnesota

This certificate has been issued on: 09/08/2015



Steve Simon

Steve Simon
Secretary of State
State of Minnesota