# 115000010186

(Re	questor's Name)				
(Address)					
· (Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
·					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
CUD WIS	- 19035				



12/07/15--01015--007 \*\*125.00

2015 DEC 21 PH 3: 15

Office Use Only

K.SALY EXAMINER DEC 21 2015



AECEIVED

15 DEC 21 AM 10: 10

ESTATEMENTO: 10

FLORIDA DEPARTMENT OF STATE Division of Corporations ALLAPASCE FLORIDA

December 8, 2015

CHANDLER & KNOWLES CPAS, PLLC KRISTINA KNOWLES 7370 HAWK RD. FLOWER MOUND, TX 75022

SUBJECT: SUNSHINE STATE COASTAL PROPERTIES, LLC

Ref. Number: W15000079035

We have received your document for SUNSHINE STATE COASTAL PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 915A00025658

### **COVER LETTER**

TO:

**Registration Section** 

Div	vision of Corporatio	ns				
SUBJECT:	SUNSHINE STAT	E COASTAL PROPERTIES	, LLC			
	1					
				ransact Business in Florida," (ity company to transact business		
Please returr	all correspondence	concerning this matter to the	following:			
	KRISTINA KI	NOWLES				
		N	ame of Person			
	CHANDLER &	& KNOWLES CPAS, PLLC				
	Firm/Company					
	7370 HAWK F	RD				
	Address					
•	FLOWER MO	UND, TX 75022				
	-	City/S	tate and Zip Code			
	kknowles@emai	ilmycpa.com				
		E-mail address: (to be use	d for future annual report n	otification)		
For further in	nformation concerning	ng this matter, please call:				
Kri	stina Knowles		817 430-3 at ()	000 ext 105		
	Name o	of Contact Person		aytime Telephone Number		
Div Reg P.O	AILING ADDRESS: ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314		Divisio Registr Cliston 2661 E	ET ADDRESS:  n of Corporations  ation Section  Building  xecutive Center Circle  ssee, FL 32301		
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Cer 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA:			
•	OASTAL PROPERTIES, LLC			
(Name of For	eign Limited Liability Company; must inclu	de "Limited Liability Con	npany," "L.L.C.," or	"LLC:")
(If name unamitable enter a	lternate name adopted for the purpose of tra	manatina kusimaa in Elmi	ds. The alternate and	and the land of the land
Liability Company," "L.L.C,	" or "LLC.")	nsacting dusiness in Piorii	as. The alternate dan	le musi include "Limited
2. TX	3.	81-0699897		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FE) ni	umber, if applicable)	
4. HAVE NOT YET TRA	ANSACTED BUSINESS IN FL, EXPE			
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registrati F.S. to determine penalty l	on.) iability)	•
5	404 Woodhil			7 19
	Coppell, TX -	15019		門首で
	(Street Address of Principal	ol Office)		であって
6	7370 Hawk R	_		TILE MISDEC 21
,	Flower Mound	TX 15022		TENERAL STATES
	(Mailing Address	)		F-9- 49
7. Name and street addres	s of Florida registered agent: (P.O. Bo	NOT acceptable)		5
Name:	Scott T. Yager			egi <del>l dels</del>
Office Address:	441 Cerromar Ln =	305		
	Venice	, Florida	34293	
Desistand sensits asset	(Citỳ)		(Zip code)	
Registered agent's accept	ance: gistered <mark>agent and t</mark> o accept service of	process for the above s	tated limited linkil	it
designated in this applicat	ion, I hereby accept the appointment a	s registered agent and	iotea timitea ttabili agree to act in this	sy compuny at the place canacity. I further agree
to complywith the provisio	ns of all statutes relative-to the proper	and complete perform	ance of my duties,	and I am familiar with and
accept the obligations of n	ny position a registered ugant	1		
	V Cours			
•	(Registered age	's signature)		
8. The name, title or capa	city and address of the person(s) who ha	s/have authority to man	nage is/are:	
SCOTT T YAGER, MEM	BER, 735 LEXINGTON AVE, COPPE	LL, TX 75019		
NANCI L YAGER, MEMI	BER, 735 LEXINGTON AVE, COPPE	LL, TX 75019		<del></del>
			<del></del>	<del></del>
9. Attached is a certificate of	of existence, no more than 90 days old, if which it is organized. (If the certificat	duly authenticated by th	e official having co	istody of records in the
of the translator must be sul		e is in a foreign languag	e, a translation of i	ne certificate under oath
	V Contraction			
•	Signature of an au	thorized person		
This document is executed	in accordance with section 605.0203 (1)	(b), Florida Statutes. I	am aware that any i	alse information
oomilied in a document to	the Department of State constitutes a thi	rd degree felony as prov ott T. Yaqer		55, F.S.
	<u> </u>	<u>011 1. 1498</u>		

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

# Office of the Secretary of State

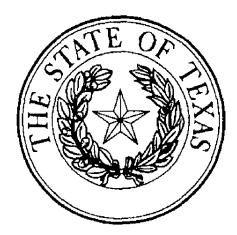
## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sunshine State Coastal Properties, LLC (file number 802337521), a Domestic Limited Liability Company (LLC), was filed in this office on November 24, 2015.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 16, 2015.



Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 645285570002

Phone: (512) 463-5555 Prepared by: SOS-WEB