

M160000002986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

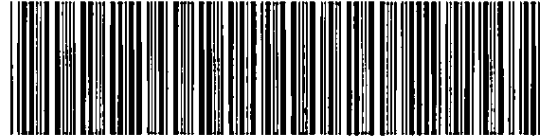
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 11 17 11:30:00

Alamichs  
Adopt 11/17/2020

NOV 17 2020

ALAMICHS



12905 SW 42<sup>nd</sup> ST., Ste: 210  
Miami, FL 33175  
Phone: 305-444-4994 / 305-444-4977  
Email: [filing@ecfsfiling.com](mailto:filing@ecfsfiling.com)

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. golden coast llc  
(CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☐ Certified Copy

☐ Certificate of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input checked="" type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
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\* Please use \$25.00  
credit from previously  
rejected.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2020

EXPRESS CORPORATE FILING SERVICES  
12905 SW 42ND ST  
STE. 210  
MIAMI, FL 33175

SUBJECT: GOLDEN COAST LLC  
Ref. Number: M16000002986

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Please see the attached written consent of managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company, "L.L.C." or "LLC."

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 220A00022665



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2020

MAYLEN FALCON  
EXTREME QUALITY GROUP INC.  
780 THORPE RD - STE. 2  
ORLANDO, FL 32824

SUBJECT: GOLDEN COAST LLC  
Ref. Number: M16000002986

We have received your document for GOLDEN COAST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2017 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The total amount due to reinstate is \$655.00.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 320A00019152

2020 JUL 17 PM 3:00

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of **GOLDEN COAST LLC**  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

**DELAWARE**  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

**GOLDEN COAST USA LLC**  
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

  
Signature Authorized Person

11/09/2020  
Date