

M16000007303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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

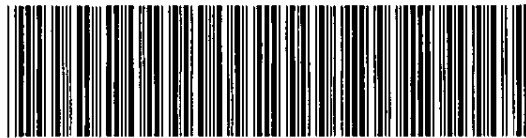
Special Instructions to Filing Officer:

647

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2821 W/6-32760

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY -2 PM 4: 10

05/03/16 --01016--014

05/03/16

SEP 14 2016

S. YOUNG

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2916 MAY -2 AM 10: 10

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2016

ANITA SURGINER  
15009 PALAMINO DRIVE  
GULFPORT, MS 39503

SUBJECT: COASTAL BEACH CONNECTIONS, LLC  
Ref. Number: W16000032760

We have received your document for COASTAL BEACH CONNECTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 916A00009325

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY - 2 PM 14:10

**msregisteredagent.org, LLC**  
P.O. Box 789  
23515 Central Drive      Saucier, MS 39574  
Telephone- 228/831 – 0073  
email: msregagent39574@gmail.com

April 29, 2016

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

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 MAY -2 PM 4:10

**RE: Application by Foreign Limited Liability Company**

**Coastal Beach Connections, LLC**

**Dear Sir/Madam:**

**Please find an Application by Foreign Limited Liability Company for Coastal Beach Connections, LLC for Authorization to Transact Business in Florida.**

**A Certificate of Existence and a check are also submitted.**

**Thank you for your assistance in this matter. Should you need any additional documents, please do not hesitate to call.**

**Very truly yours,**



**Condie Mathews  
Mississippi Registered Agent**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Coastal Beach Connections, 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:

Anita Surginer

\_\_\_\_\_  
Name of Person

Coastal Beach Connections, LLC

\_\_\_\_\_  
Firm/Company

15009 Palamino Dr

\_\_\_\_\_  
Address

Gulfport/MS 39503

\_\_\_\_\_  
City/State and Zip Code

msregagent39574@gmail.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -2 PM 4: 10

For further information concerning this matter, please call:

Condie Mathews

228

831-0073

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. Coastal Beach Connections, 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. Mississippi 3. 81-2197081  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04-01-2016  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 683 Nautilus Court 108  
(Street Address of Principal Office)

6. Fort Walton Beach FL 32548  
(Mailing Address)

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

Name: Anita Surginer  
Office Address: 683 Nautilus Ct 108  
Fort Walton Beach, Florida 32548  
(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.

Anita Surginer  
(Registered agent's signature)

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

Anita Surginer 15009 Palamino Dr Gulfport MS 39503 - mgr  
Marc Surginer 15009 Palamino Dr Gulfport MS 39503 - mgr

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)

Anita Surginer  
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.

Anita Surginer  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY - 2 PM 4:10



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### COASTAL BEACH CONNECTIONS LLC

Registered the 12th day of April, 2016

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

23515 CENTRAL DR  
SAUCIER, MS 39574

And that the registered agent at that address is:

MSREGISTEREDAGENT.ORG

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 3rd day of August, 2016

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN16026556

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

SECRETARY OF STATE  
FILED  
16 MAY -2 PM 4:10

**F0100**

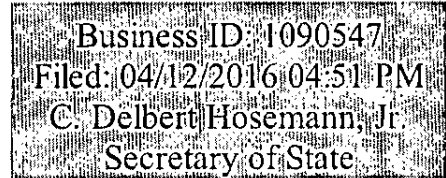
**2016138027**

**Fee: \$ 50**



**DELBERT HOSEMANN**  
*Secretary of State*

**P.O. BOX 136**  
**JACKSON, MS 39205-0136**



**TELEPHONE: (601) 359-1633**

## **Mississippi Limited Liability Company Certificate of Formation**

### **Business Information**

***Business Type:*** Limited Liability Company  
***Business Name:*** Coastal Beach Connections LLC  
***Business Email:*** msregagent39574@gmail.com

### **NAICS Code/Nature of Business**

531110 - Lessors of Residential Buildings and Dwellings

### **Registered Agent**

***Name:*** MSREGISTEREDAGENT.ORG  
***Address:*** 23515 CENTRAL DR  
SAUCIER, MS 39574

### **Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **04/12/2016**.

***Name:***  
Anita Surginer  
*Member*

***Address:***  
15009 Palamino Dr.  
Gulfport, MS 39503

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -2 PM 4:10



Condie Mathews <msregagent39574@gmail.com>

## Filing Approved Notification

1 message

**MS Secretary of State** <donotreply@sos.ms.gov>

Tue, Apr 12, 2016 at 4:54 PM

Reply-To: donotreply@sos.ms.gov

To: msregagent39574@gmail.com

**Business Id:** 1090547

**Tracking Number:** 2016138027

**Business Name:** Coastal Beach Connections LLC

A filing for the above entity has been approved!

Click the link below to view the Filing  
Coastal Beach Connections LLC

Most businesses must register with the Mississippi Department of Revenue. Please go to the Taxpayer Access Point (TAP) on their website to determine if you need to register.  
Taxpayer Access Point (TAP)

You are receiving this email because this email address is listed as the Business Email for the above entity. To change who receives notification emails for this entity, please visit the Mississippi Secretary of State's website, file an amendment form for the entity and change the business email.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -2 PM 4:10