

W17000004020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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W17-31776

2980

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MAY 11 2017
S. YOUNG

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 APR 11 AM 1:04



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2017

KRISTOPHER WILLIAMS
COQUINA 2C, LLC
637 N STATE ROAD 11
SEYMOUR, IN 47274

SUBJECT: COQUINA 2C, LLC
Ref. Number: W17000031776

We have received your document for COQUINA 2C, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 117A00007088

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TALLAHASSEE, FLORIDA

17 APR 11 AM 1:04

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MAY -5 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coquina 2C, 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:

Kristopher Williams

Name of Person

Coquina 2C, LLC

Firm/Company

637 N State Rd 11

Address

Seymour, IN 47274

City/State and Zip Code

kmwilliams22@gmail.com

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

For further information concerning this matter, please call:

Kris Williams

630

309-0726

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 11 AM 1:04

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. Coquina 2C, 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. Indiana

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

3. 81-5385974

(FEI number, if applicable)

4. 4/15/17

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

5. 637 N State Rd 11 Seymour, IN 47274

(Street Address of Principal Office)

6. 637 N State Rd 11 Seymour, IN 47274

(Mailing Address)

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

Name: VIP Vacation Rentals LLC

Office Address: 1506 Periwinkle Way

Sanibel, Florida 33957
(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.

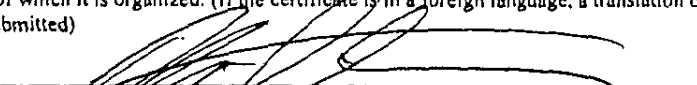

(Registered agent's signature)

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

☒ PRES. ~~NAME~~ Kristopher & Stacey Williams 637 N state Rd 11 Seymour, IN 47274

☒ ~~NAME~~ ~~SEC.~~ Steven & Beth Sharer 350 Mutton Cr Dr Seymour, IN 47274

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.

Kristopher Williams

Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 11 AM 1:00

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

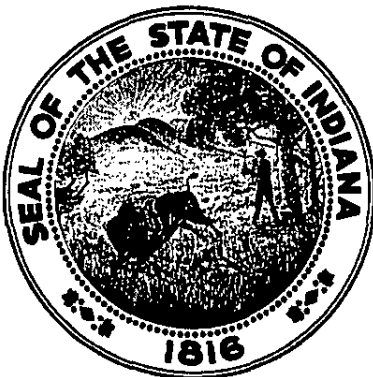
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

COQUINA 2C, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 14, 2017, and was in existence or authorized to transact business in the State of Indiana on February 17, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 17, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201702141180905 / 2017227763

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 11 AM 1:06