(Requestor's Name)	
(Address)	00030357
(Address)	00030337
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	00030 3 09/21/17010
(Document Number)	
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7. HYVEKIE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		Coastal Va	let Trasl	n Services	. LLC		
		Name of	Limited	Liability (Company		
The enclosed "A Existence, and c	application by Fo heck are submitte	reign Limited Liability Comed to register the above refer	pany for enced fo	Authoriza reign limi	ation to Tra ted liabilit	ansact Business in Florida," y company to transact busir	Certificate of ness in Florida.
Please return all	correspondence	concerning this matter to the	followi	ng:			
		к	Cathryn '	White			
		N	ame of I	Person	· · · · · · · · · · · · · · · · · · ·		
		Coastal Va	let Trash	Services.	LLC		
		F	iпп/Con	pany			
		1302	Waugh	Dr #861			
Address							
		Нос	iston, T2	₹ 77019			
		City/S	tate and	Zip Code			
		kathy@c	oastalva	lettrash.co	om		
	<u> </u>	E-mail address: (to be use	d for fut	ure annual	report not	tification)	
For further infor	mation concernir	g this matter, please call:					
	К	athryn White	at (713)	876-9236	
	Name (of Contact Person		rea Code	Day	time Telephone Number	
Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314				Division Registrat Clifton B 2661 Exe	of Corporations ion Section fullding centive Center Circle see, FL 32301	
	eck for the follow .00 Filing Fee	ring amount: \$\sum \text{\$\sum \$130.00 Filing Fee & Certificate of Status}\$		55.00 Filin Ted Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2017

KATHRYN WHITE 1302 WAUGH DR #861 HOUSTON, TX 77019

SUBJECT: COASTAL VALET TRASH SERVICES, LLC

Ref. Number: W17000076680

We have received your document for COASTAL VALET TRASH SERVICES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00019470

99

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:

(Name of Foreign Limits		rash Services, LLC					
	ed Liability Company; must include "Limi	ted Liability Company,	""LL.C.,"	or "LLC.")			
f name unavailable, enter alternate name ad	lopted for the purpose of transacting business in F	lorids. The alternate name	must include	"Linsted Liability Con	npeny,"	'LLC," or "	LLC.")
State of		3.		82-1635274			
(Jurisdiction under the law of which for	reign limited liability company is organized)	- · · · · · · · · · · · · · · · · · · ·		(FEI number, if spp	licable)		_
	Date first transacted business in Florids, if prior t See sections 605.0904 & 605.0905, F.S. to deter	to registration.)					
		mine penalty liability)					
1302 Waugh Dr		6		Waugh Dr #861		_	1
(Street Address of Principa	-			Mailing Address)			
Houston, TX 77	7019		Hous	ton, TX 77019	<u>r</u> `	2017	
							· .
Name and street address of I	Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		•	. 	
Name:	URS Agents, LLC				•	1 %	<u>.</u>
Office Address:	3458 Lakeshore Drive					225 CD	
<u></u>	Tallahassee		lorida	32312			
	(Cúy)	, -		(Zip code)	•	C•3	
	ny position as registered agent.	Koneth	a B	Stap, ASS	. S	•	
	(Registered agent) and address of the person(s) who h	's si gnature)' has/have authority t	o manage	e is/are:		ecret	•
The name, title or capacity:	(Registered agera)	's signature) '	o manage	e is/are:		•	ery
	and address of the person(s) who hame and Address: Kathryn White	's signature)' nas/have authority t <u>Title or Ca</u> Vice Pres	o manago pacity:	e is/are: <u>Nar</u>		ZCreh	ery
Title or Capacity:	and address of the person(s) who hame and Address:	's signature)' nas/have authority t <u>Title or Ca</u> Vice Pres	o manago pacity:	e is/are: Nar Doi 616	ne and	ZCreh	ery
Title or Capacity:	and address of the person(s) who hame and Address: Kathryn White 616 Memorial Heights Dr 16	's signature)' nas/have authority t <u>Title or Ca</u> Vice Pres	o manago pacity:	e is/are: Nar Doi 616	ne and	d Addres	ery
Title or Capacity: '. President	and address of the person(s) who have and Address: Kathryn White 616 Memorial Heights Dr 16 Houston, TX 77007	's signature)' nas/have authority t <u>Title or Ca</u> Vice Pres	o manago pacity:	e is/are: Nar Doi 616	ne and	d Addres	ery
President Use attachments if necessary) Attached is a certificate of existiction under the law of when the translator must be submit to the translator must be subm	(Registered agent) and address of the person(s) who have and Address: Kathryn White 616 Memorial Heights Dr 16 Houston, TX 77007	has/have authority t Title or Ca Vice Pres Vice Pres d, duly authenticated ate is in a foreign la	o manage	be is/are: Nar Dor 616 Hou	Mem iston.	d Address nplin orial Heir TX 7700	exts Dr 7
President Use attachments if necessary) Attached is a certificate of existiction under the law of which the translator must be submit to the translator must be sub	And address of the person(s) who have and Address: Kathryn White 616 Memorial Heights Dr 16 Houston, TX 77007	has/have authority t Title or Ca Vice Pres Vice Pres d, duly authenticated ate is in a foreign la	o manage	be is/are: Nar Dor 616 Hou	Mem iston.	d Address nplin orial Heir TX 7700	ery ahts Dr 7 ds in the inder oa



Rolando B. Pablos 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 Coastal Valet Trash Services, LLC (file number 802724123), a Domestic Limited Liability Company (LLC), was filed in this office on May 17, 2017.

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 October 02, 2017.



Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 764452070003

Phone: (512) 463-5555 Prepared by: SOS-WEB T1D: 10264