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	Fax Number	: (850)617-6383	•
From:			
		: REGISTERED AGENTS INC.	_ 3
	Account Number	: I20090000081 · · ·	-
	Phone	: (307)200-28031	<u>-</u> 9
	Fax Number	: (855)330-1010	5
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Foreign Limited Liability Company Coastal Construction Services-FL, LLC

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Y SULKER

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. . . .

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COM ANT TO MOUNTAGE IN	ASTRUM AT THE STATE OF TECHNICAL			
	UCTION SERVICES LLC			
	eign Limited Liability Company; must mel	lude "Limited Liability (Company, C.L.L.C., or "EU	<u>(;)</u>
	ction Services-FL, LLC	* ************************************		
(If name unavailable, enter all Liability Company, ""L.L.C,	Itemate name adopted for the purpose of tr " or "LLC.")	ransacting business in Fl	orida. The alternate name in	ust include "Limited
2. DELWARE		N/A		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FE	I number, if applicable)	
4. UPON QUALIFICATIO	N			
	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to regist , F.S. to determine pena	ration.) Ity liability)	
5. 3030 N. Rocky Point				
Tampa, FL 33607				
	(Street Address of Princi	pal Office)		
6. 3030 N. Rocky Point	Dr.,STE 150A	···		
Tampa, FL 33607				
	(Mailing Addre	:55)		
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		
Name:	Northwest Registered Agent, LLC	<u>C.</u>		
Office Address;	3030 N. Rocky Point Dr. ST			
	Tampa	, Flo	orida 33607 (Zip code)	lE(
	(City)		(Zip code)	Ċ
Registered agent's accep	tance: gistered agent and to accept service o	Caragraph for the abo	us stated limited liability	numnani ot the place
traving over namea as re designated in this applica	gistered agent and to accept service of tion, I hereby accept the appointmen	y process jor inc abo t as registered agent (ve sidica amuca namity and agree to act in this co	ipacity. A further agree
to complywith the provisi	ons of all statutes relative to the prop			d I am fumiliar with and
accept the obligations of	my position as registered again			Ċ;
	101	-(ILMH		64
	(Registered a	agent's signatur		
8. The name, title or caps	ncity and address of the person(s) who	has/have authority to	manage is/are:	
Harlan Lyons, MA	NAGER; Daniel Hinkson, MA	NAGER; Joseph	n Hinkson, MANAG	ER
	3030 N. Rocky Point I	Dr.,STE 150A		
	Tampa, FL 3	33607		···
	of existence, no more than 90 days of of which it is organized. (If the certificularitied)			
	\sim	ann Dolle		
	Signature of an	anuthorized person		
This document is executed	d in accordance with section 605.0203	(1) (b), Florida Statut	es. I am aware that any fol	se information
submitted in a document to	o the Department of State constitutes a MORG	third degree felony as	s provided for in 8.817.153), r. 3 .

Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COASTAL CONSTRUCTION SERVICES LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTAL CONSTRUCTION SERVICES LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203667863

Date: 12-01-17

6617841 8300 SR# 20177339343

You may verify this certificate online at corp.delaware.gov/authver.shtml