

M18000000535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

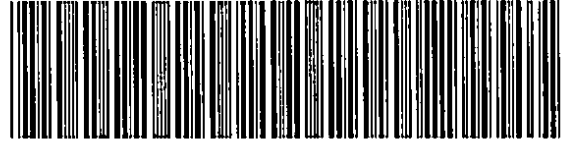
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke to Krist Geriene who gave permission to correct spelling of 'managment' to match certificate of existence.

2017 NOV 20 PM 3:45

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 NOV 20 PM 4:13  
18 JAN 17 PM 3:42

B FIGUEROA

JAN 18 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2017

KRIST GERIENE  
8317 NE 162 PL  
KENMORE, WA 98028

SUBJECT: CORAL PARTNERS MANAGEMENT LLC  
Ref. Number: W17000093473

We have received your document for CORAL PARTNERS MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 417A00023779

RECEIVED  
JUN 17 2013

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coral Partners Management 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:

KRIST GERIENE  
Name of Person

CORAL PARTNERS MANAGEMENT, LLC  
Firm/Company

8317 NE 162 PL  
Address

Kenmore WA 98028  
City/State and Zip Code

KRIST@CORALPARTNERS.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRIST GERIENE at ( 206 ) 898 9364  
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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coral Partners Management 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. WASHINGTON (Jurisdiction under the law of which foreign limited liability company is organized)      3. \_\_\_\_\_ (FEI number, if applicable)

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

5. 8317 NE 162 PL (Street Address of Principal Office)  
Kenmore WA 98028  
 6. Same as Street Address (Mailing Address)

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

Name: Krist Beriene  
 Office Address: 361 River Edge Rd  
Jupiter, Florida 33477  
(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.*

*[Signature]*  
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>
<u>Director</u>	<u>Marc Beriene</u> <u>8317 NE 162 PL</u> <u>Kenmore WA 98028</u>	_____
<u>Director</u>	<u>Krist Beriene</u> <u>8317 NE 162 PL</u> <u>Kenmore WA 98028</u>	_____

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(Use attachments if necessary)

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)

10. 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.

*[Signature]*  
Signature of an authorized person  
Krist BERIENE  
Typed or printed name of signee

UNITED STATES OF AMERICA

The State of  Washington  
Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CORAL PARTNERS MANAGMENT LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/02/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/08/2018  
UBI Number: 603 548 170



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Handwritten signature of Kim Wyman.

Kim Wyman, Secretary of State

Date Issued: 01/08/2018