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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

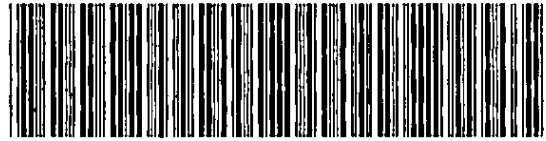
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAR 26 P 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Living Properties, 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:

Julie Achimon
Name of Person

Coastal Living Properties, LLC
Firm/Company

P.O. Box 844
Address

Summerdale, AL 36580
City/State and Zip Code

julieachimon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Achimon at (251) 786-532
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

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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 Living Properties, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
Coastal Living Properties Real Estate 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. State of Alabama (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-4521481 (FEI number, if applicable)

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

5. 116421 Co. Rd. 73 (Street Address of Principal Office)
Summerdale, AL
36580

6. P.O. Box 846 (Mailing Address)
Summerdale, AL
36580

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Wendy Suerman
 Office Address: 221 W. Sunset Ave
Pensacola, Florida 32507
(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.

Wendy Suerman
(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>Owner/Broker</u>	<u>Julie Achimon</u> <u>P.O. Box 846</u> <u>Summerdale,</u> <u>AL 36580</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.

Julie C. Achimon
Signature of an authorized person
Julie C. Achimon
Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

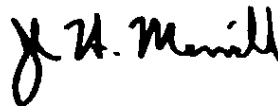
the entity records on file in this office disclose that Coastal Living Properties, LLC was formed in Baldwin County, Alabama on November 8, 2016. The Alabama Entity Identification number for this entity is 376-218. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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SECRETARY OF STATE
MONTGOMERY, ALABAMA

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

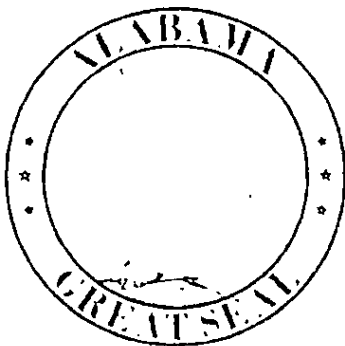
03/23/2018

Date



John H. Merrill

Secretary of State



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