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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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a Professional Limited Liability Company

1611 24th Avenue, Suite B Gulfport, Mississippi 39501

Kaleel "Teal" Salloum, Jr., LL.M. (in Taxation)

Post Office Box 1717 Gulfport, Mississippi 39502

Telephone: 228-863-8727 Telefax: 228-863-6734 email: teal@salloumlawfirm.com

March 26, 2018

Our File No. 2801-001

VIA CERTIFIED MAIL:

Division of Corporations Registration Section Post Office Box 6327 Tallahassee, Florida 32314

Re: Coconut Mojito, LLC

To Whom It May Concern:

In connection with Coconut Mojito, LLC, a Mississippi limited liability company, enclosed please find each of the following documents:

- 1. the Florida Department of State's form of a Cover Letter;
- 2. the Florida Department of State's Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (the "Application");
- 3. Certificate of Good Standing as issued by the Mississippi Secretary of State on March 23, 2018; and,
- 4. a check drawn on our firm's account in the amount of \$125.00 representing the filing fee of the Application.

Please file these documents in your usual manner and return a filed copy of the Application to our office.

Division of Corporations March 26, 2018 Page No. 2

If you should have any comments or questions, please do not hesitate to contact the undersigned.

Sincerely,

SALLOUM LAW FIRM, a Professional Limited Liability Company

KGS/pcl Enclosures Kaleel "Teal" Salloum, Jr.

COVER LETTER

| TO: | Registration Section Division of Corporation | os | | | | | | |
|---------|--|---|------------------------------------|---|---|--------|----------|----|
| SUBJE | CT: Coconut Mojito, LL | С | | | | | | |
| | | Name of 1 | Limited Liability | Company | | | | |
| | | eign Limited Liability Comp d to register the above refere | | | | | | |
| Please | eturn all correspondence c | oncerning this matter to the | following: | | | | | |
| | Holly Jones | | | | | | | |
| | | Na | ame of Person | | | | | |
| | Corporation Se | rvice Company | | | | | | |
| | | Fi | rm/Company | | | | | |
| | 1201 Hays Stre | et | | | | | | |
| | | | Address | | | | | |
| | Tallahassee, Flo | orida 32301 | | | | | | |
| | | City/St | ate and Zip Code | • | · · · · · · · · · · · · · · · · · · · | | | |
| | holly.jones@csci | global.com | | | | ۸.و | | |
| | | E-mail address: (to be used | for future annual | report notif | fication) | 7. 推 | 8 | |
| For fur | her information concerning | g this matter, please call: | | | | | TAR R | *: |
| | Holly Jones | | 302 at (| 636-540 | 1 x. 66899 | 5/2 FT | (5) | |
| | Name o | f Contact Person | Area Code | Dayti | ime Telephone Num | ber, 1 | T. | [7 |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division of Registratio Clifton Bu 2661 Exec | | G. S. | 6.1 45 | • |
| Enclose | d is a check for the follow ■ \$125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing F of Status & Certific | | ificate | |

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 unavailable, enter alternate p | ame adopted for the purpose of transacting business in Florida. | The alternate name must include "Limited Liability Company," "L.L.C," or |
|--|--|--|
| Mississippi | | 3. |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | (Fill number, if applicable) |
| | | |
| <u> </u> | (Date first transacted business in Florids, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine pr | stration.) emity liability) |
| 605 Rue Maupesant | | 6. 605 Rue Maupesant |
| (Street Address of) Ocean Springs, Mississ | | (Mailing Address) Ocean Springs, Mississippi 39564 |
| o o o o o o o o o o o o o o o o o o o | npp. osoo i | Coom opings, mosastypi 55504 |
| | | |
| Name and street addres | s of Florida registered agent: (P.O. Box No. | <u>OT</u> acceptable) |
| Name: | Corporation Service Company | |
| Office Address: | 1201 Hays Street | |
| | Tallahassee | , Florida 32301 (Zip code) |
| | (City) | , Florida (Zip code) |
| | - [] - 0 A - - | |
| | city and address of the person(s) who has/ha | ave authority to manage is/are: |
| Title or Capacity: | city and address of the person(s) who has/ha Name and Address: | Assistant Vice President |
| | city and address of the person(s) who has/ha | Assistant Vice President hure) ave authority to manage is/are: |
| Title or Capacity: Manager | city and address of the person(s) who has/ha Name and Address; Brian Sanderson 312 Washington Avenue Ocean Springs, MS 39564 | Assistant Vice President hure) ave authority to manage is/are: |
| Title or Capacity: | city and address of the person(s) who has/ha Name and Address: Brian Sanderson 312 Washington Avenue | Assistant Vice President hure) ave authority to manage is/are: |
| Title or Capacity: Manager Manager | city and address of the person(s) who has/ha Name and Address; Brian Sanderson 312 Washington Avenue Ocean Springs, MS 39564 Jonathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 | Assistant Vice President hure) ave authority to manage is/are: |
| Title or Capacity: Manager Manager Jse attachments if necess | city and address of the person(s) who has/ha Name and Address: Brian Sanderson 312 Washington Avenue Ocean Springs, MS 39564 Jonathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 | Assistant Vice President nure) ave authority to manage is/are: Title or Capacity: Name and Addre |
| Manager Manager Manager Se attachments if necess Attached is a certificate isdiction under the law of the translator must be sure. This document is executed. | city and address of the person(s) who has/ha Name and Address: Brian Sanderson 312 Washington Avenue Ocean Springs, MS 39564 Jonathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 sary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted) atted in accordance with section 605.0203 (1) | Assistant Vice President hure) ave authority to manage is/are: |
| Manager Manager Manager Se attachments if necess Attached is a certificate isdiction under the law of the translator must be sure. This document is executed. | city and address of the person(s) who has/ha Name and Address: Brian Sanderson 312 Washington Avenue Ocean Springs, MS 39564 Jonathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 sary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted) atted in accordance with section 605.0203 (1) | Assistant Vice President Title or Capacity: Name and Address y authenticated by the official having custody of reco in a foreign language, a translation of the certificate (b), Florida Statutes. I am aware that any false informations. |
| Manager Manager Manager Se attachments if necess Attached is a certificate isdiction under the law of the translator must be sure. This document is executed. | Donathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 Jonathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 Barry) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted) atted in accordance with section 605.0203 (1) the Department of State constitutes a third of the certificate is a constitute of the certificate in the Department of State constitutes a third of the certificate is a constitute of the certificate in the Department of State constitutes a third of the certificate in the Certificate in the Department of State constitutes a third of the Department of State constitutes a third of the Certificate in the | Assistant Vice President Title or Capacity: Name and Address y authenticated by the official having custody of reco in a foreign language, a translation of the certificate (b), Florida Statutes. I am aware that any false informations. |
| Manager Manager Manager Se attachments if necess Attached is a certificate isdiction under the law of the translator must be such that the translator must be such that the translator must be such that document is executed in a document to the translator must be such that the translator must be | Donathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 Jonathan Jones 605 Rue Maupesant Ocean Springs, MS 39564 Barry) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted) atted in accordance with section 605.0203 (1) the Department of State constitutes a third of the certificate is a constitute of the certificate in the Department of State constitutes a third of the certificate is a constitute of the certificate in the Department of State constitutes a third of the certificate in the Certificate in the Department of State constitutes a third of the Department of State constitutes a third of the Certificate in the | Assistant Vice President Title or Capacity: Name and Address y authenticated by the official having custody of reco in a foreign language, a translation of the certificate (b), Florida Statutes. I am aware that any false informaticate felony as provided for in s.817.155, F.S. |



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

COCONUT MOJITO, LLC

Registered the 23rd day of March, 2018

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

605 Rue Maupesant Ocean Springs, MS 39564

And that the registered agent at that address is:

Jennifer Jones

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 26th day of March, 2018

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN18050158

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx