M18000006190

| (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: | | | | | |
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SECRETARY OF STATE
TALLAHASSEF FLORIDA

O SMAMONS JUL 05 2018



June 11, 2018

RYAN DOLAN 2200 W 5TH AVE, STE 120 COLUMBUS, OH 43215

SUBJECT: COASTAL RIDGE MANAGEMENT, LLC

Ref. Number: W18000054315

We have received your document for COASTAL RIDGE 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00012093

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GEPARTMENT OF S VVISION OF CORFUL IN LAHASSIF, IN

COVER LETTER

| | egistration Section vision of Corporations | | | | | |
|--|---|--|------------------|--|--|--|
| SURJECT | Coastal Ridge Management, LLC | | | | | |
| oobabe. | Name of Limited Liability Company | | | | | |
| The enclose Existence, a | ed "Application by Foreign Limited Liability Coand check are submitted to register the above references." | Company for Authorization to Transact Business in Florida," Certific eferenced foreign limited liability company to transact business in Fl | ate of orida. | | | |
| Please retur | n all correspondence concerning this matter to the | the following: | | | | |
| | Ryan Dolan | | | | | |
| | | Name of Person | | | | |
| | Coastal Ridge Management, LLC | | | | | |
| | | Firm/Company | | | | |
| | 2200 W. 5th Ave, Suite 120 | | | | | |
| | | Address | | | | |
| | Columbus, Ohio 43215 | | | | | |
| | City | ty/State and Zip Code | | | | |
| | rdolan@coastalridgere.com | | | | | |
| | E-mail address: (to be us | used for future annual report notification) | | | | |
| For further i | nformation concerning this matter, please call: | | | | | |
| Ry | ran Dolan | 614 852 4950 at () | | | | |
| | 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 Taliahassee, FL 32301 | | | | |
| Enclosed is a | a check for the following amount: \$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ | Status & Certified Copy Certified Copy Certified Copy Cop | RECEIVED | | | |

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

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 Coastal Ridge Manage | ment, LLC | | |
|--|---|---|--|
| | Limited Liability Company; must include "Limited | Linbility Company," "L.L.C.," or "LLC." |) |
| (If name impealship order alternate of | name adopted for the purpose of transacting business in Flor | 14. Th | NV. O |
| 2. Ohio | and sooped an un purpose of designing designess in Fig. | | sousy Company," "L.L.C," or "LLC.") |
| (Jurisdiction under the law of w | hich foreign laneard imbility company is organized) | 3. 47-5152254 | her, if applicable) |
| ₄ June 7, 2016 | | | , |
| 4. | (Date that transacted business in Florids, if prior to n | egistration.) | |
| 5 2200 W. 5th Ave, Suit | (See sections 605,0904 & 605,0905, P.S. to deternile e-120 | • • • | 10 |
| (Street Address of) | | 6. 2200 W. 5th Ave, Suite 12 | (U |
| Columbus, Ohio 43215 | <u>.</u> | Columbus, Ohio 43215 | · |
| <u></u> . | | | 15.00 |
| 7. Name and street address Name: | s of Florida registered agent: (P.O. Box C T Corporation System | NOT acceptable) | FILE JUN 28 |
| Office Address: | 1200 South Pine Island Road | | PEE, F |
| | Plantation | Florida 33324 | जिस्स अ |
| Registered agent's accep | (City) | (7ip cod | |
| _ | of my position as registered agent. By: C T Corporation System | Jepen Paur | Stephanie Boehm Service Manager |
| | (Registered agent's si | preture) | - |
| 8. The name, title or capa Title or Capacity: | city and address of the person(s) who has Name and Address: | have authority to manage is/are: Title or Capacity: | Name and Address: |
| | | | |
| e Menber | coastal Ridge Real | | |
| | 2200 W. 5th Ave Ste 12 | \ <u> </u> | |
| (Use attachments if necess | <u> Columbus, OH 43215</u> | | |
| 9. Attached is a certificate | of existence, no more than 90 days old, do | uly authenticated by the official hat is in a foreign language, a translat | ving custody of records in the ion of the certificate under oath |
| 10. This document is execusubmitted in a document to | nted in accordance with section 605.0203 the Department of State constitutes within | (1) (b), Florida Statutes. I am awar d degree felony as provided for in | e that any false information s.817.155, F.S. |
| | () - f) | 1 | |
| | | en emporizas pergon | |
| | Ryan G. Dolan | | |
| | Typed or p | ripted merge of signor | |

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- 8. The name title or capacity and address of the persons who have authority to manage are:
 - 1. Jay Harkrider, Managing Partner, 2200 W. 5th Ave, Suite 120, Columbus 43215
 - 2. Andrew Lallathin, Managing Partner, 2200 W. 5th Ave, Suite 120, Columbus 43215
 - 3. Patrick McBride, Managing Partner, 2200 W. 5th Ave, Suite 120, Columbus 43215
 - 4. Ben Texler, Partner, 2200 W. 5th Ave, Suite 120, Columbus 43215
 - 5. Ryan Dolan, General Counsel, 2200 W. 5th Ave, Suite 120, Columbus 43215

SECRETARY OF STATE

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show COASTAL RIDGE MANAGEMENT, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2423693, was organized within the State of Ohio on August 27, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of May, A.D. 2018.

Ohio Secretary of State

Jon Hastel

Validation Number: 201812903540