118000006559

| (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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| | |
| Penalty W1855910 | |
| Office Use Only | |



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07/19/18--010**0**1--002 **638.75

06/14/18--01017--004 **160.00

TILED

18 JUL II PN 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O STRAMONIC



June 15, 2018

PAMELA VAN VLECK 5220 SUMMERLIN COMMONS BLVD, #500 FT MYERS, FL 33907

SUBJECT: CORT COCONUT LLC Ref. Number: W18000055910

We have received your document for CORT COCONUT LLC and your check(s) totaling \$160.00. 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 \$638.75.

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.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00012515

COVER LETTER

TO:

Registration Section

| Div | ision of Corporatio | ns | | | | |
|------------------------------------|---|---|------------------------------------|--|--|-------------------------------|
| SUBJECT: | CORT COCONUT | | | | | |
| , c. i. | | Name of | Limited Liability | Company | | |
| - The enclosed Existence, ar | d "Application by Fond check are submitted | reign Limited Liability Com ed to register the above refer | pany for Authorization | ation to Tr ted liabilit | ansact Business in Florida,' y company to transact busin | ' Certificate oness in Florid |
| · Please return | all correspondence | concerning this matter to the | e following: | | | |
| | Pamela K. Var | n Vleck | | | | |
| | | N | lame of Person | | | |
| | CPSWFL | | | | | |
| | | F | irm/Company | | | |
| | 5220 Summerl | in Commons Blvd., #500 | | | | |
| | | | Address | | | |
| | Fort Myers, FL | 33907 | | | | |
| | | City/S | State and Zip Code | - | - | |
| | pvanvleck@cpsv | | | | | |
| | | E-mail address: (to be use | d for future annua | l report no | tification) | |
| For further in | nformation concerning | ig this matter, please call: | | | | |
| Par | nela K. Van Vleck | | 239 at (| 675-32 | 24 | |
| | Name o | of Contact Person | Area Code | Day | rtime Telephone Number | |
| Div Reg P.O | ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section Building ecutive Center Circle see, FL 32301 | |
| | check for the follow 125.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filit Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Co of Status & Certified Cop | |

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:

| f name unavailable, enter afternate n | ame adopted for the purpose of transacting business in | Districts The alternate name must include at 1 1/2 11/2 | The company of the control of the co |
|--|--|---|--|
| New York | the property of the same and the same as an | | ability Company, "L.L.C, or "LLC,") |
| (Jurisdiction under the law of w | uch foreign limited hability company is organized) | 3(FEI num | iber, if applicable) |
| 12/7/3 | <i>דינט</i> | | |
| | (Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter | to registration.) | - |
| CORT COCONUT LL | C-c/o Shubert Organization | | ocavici |
| (Street Address of P | | 6. Cort Coconut LLC-c/o Cf (Mailing Ad | |
| 225 West 44th Street | | 5220 Summerlin Commor | is Blvd., #500 |
| New York, New York | 10036 | Fort Myers, FL 33907 | |
| | s of Florida registered agent: (P.O. Bo Pamela K. Van Vleck | ox <u>NOT</u> acceptable) | . 18 |
| Name: | | | ECR _ |
| Office Address: | CPSWFL-5220 Summerlin Common | s Blvd., #500 | TILE RETART |
| | Fort Myers, FL | , Florida 33907 | SSE = m |
| | | , 1101144 | |
| esignated in this applicate comply with the provision | vistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent. | (Zip cox f process for the above stated limited as registered agent and agree to act or and complete performance of my | liability compliny at the pla in this companies I further a |
| aving been named as reg esignated in this applicat comply with the provision | ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent. | Tipecon for the above stated limited as registered agent and agree to act for and complete performance of my | liability company at the pla in this official Livether n |
| aving been named as reg esignated in this applicat comply with the provision and accept the obligations | ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent. (Registered agent) | (Zipcox for the above stated limited as registered agent and agree to act or and complete performance of my signature) | liability company at the pla in this official Livether n |
| aving been named as reg esignated in this applicat comply with the provision and accept the obligations | ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent. | (Zipcox for the above stated limited as registered agent and agree to act or and complete performance of my signature) | liability company at the plain this of society |
| aving been named as regestignated in this applicate comply with the provisional accept the obligations. The name, title or capac | ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent. (Registered agent eity and address of the person(s) who h | f process for the above stated limited as registered agent and agree to act er and complete performance of my s signature) | I liability company at the pla in this opacife I further a duties, and I am familiar wit |
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| aving been named as regestignated in this applicate comply with the provisional accept the obligations. The name, title or capacities or Capacity: Director of Prop Mgm | ance: eistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (Registered agent) eity and address of the person(s) who hame and Address: Pamela K. Van Vleck 5220 Summerlin Commons I Fort Myers, FL 33907 ary) of existence, no more than 90 days old, of which it is organized. (If the certifica | f process for the above stated limited as registered agent and agree to act or and complete performance of my s signature) as/have authority to manage is/are: Title or Capacity: | I liability cumptiny at the plain this apacine. I further a duties, and I am familiar wi |

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that CORT COCONUT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/21/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 25th day of June two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State