# M180009078

| (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: |
| MB 28 Slap                              |

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2018

WILLIAM BRONCHICK BRONCHICK & ASSOCIATES, PC 3033 S. PARKER RD., STE 360 AURORA, CO 80014

SUBJECT: COASTAL COTTAGES 1, LLC

Ref. Number: W18000082605

We have received your document for COASTAL COTTAGES 1, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 818A00019219

2018 OCT -4 AH II: 37

#### COVER LETTER

| TO: Regist                          | ration Section<br>on of Corporatio  | ns   |  |   |   | ·  |               |
|-------------------------------------|---|--|--|---|---|--|---------------|
|                                     | COASTAL COT   | TAGES 1, LLC   |  |   |   |  |               |
| SUBJECT:                            |   | Name of  | Limited Liability                        | Company   | <del></del>   |  |               |
| The enclosed "A<br>Existence, and o | Application by Fo<br>check are submitte   | reign Limited Liability Comp<br>ed to register the above refer | pany for Authoriza<br>enced foreign limi | ation to Tra<br>ted liability                       | ansact Business in Flori<br>y company to transact b                           | da," Certificat<br>usiness in Flo  | e of<br>rida. |
| Please return all                   | correspondence  | concerning this matter to the                                  | following:                               |   |   |  |               |
|                                     | WILLIAM BRO   | ONCHICK  |  |   |   |  |               |
|                                     | · •••   | N  | ame of Person                            |   |   |  |               |
|                                     | BRONCHICK   | & ASSOCIATES, PC   |  |   |   |  |               |
|                                     |   | Fi   | rm/Company                               |   |   |  |               |
|                                     | 3033 S. PARI  | KER RD., SUITE 360   |  |   |   |  |               |
|                                     |   |  | Address                                  | -   |   | 2018<br>Fac  | Cana∯.⊷       |
|                                     | AURORA, CO  | DLORADO 80014  |  |   |   | 2018 OCT -4<br>PACCARASS   | ا<br>         |
|                                     |   | City/S   | tate and Zip Code                        |   |   | जिस्से <del>।</del>  |               |
|                                     | DENISE@BRC  | NCHICK.COM   |  |   |   | AM II: 30  | i             |
|                                     |   | E-mail address: (to be used                                    | for future annual                        | report not  | ification)  | 景  | · .           |
| For further infor                   | mation concernin  | g this matter, please call:                                    |  |   |   | Service Servic |               |
| DENIS                               | SE ORTIZ  |  | 720<br>at (                              | 439-91  | 66  |  |               |
|                                     | Name o  | of Contact Person  | Area Code                                | Day   | time Telephone Numbe  | r  |               |
| Divisio<br>Registr<br>P.O. Bo       | ING ADDRESS:<br>n of Corporations<br>ation Section<br>ox 6327<br>ssee, FL 32314 |  |  | Division of<br>Registrati<br>Clifton Bo<br>2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 |  |               |
|                                     | eck for the follow<br>5.00 Filing Fee   | ing amount:  ☐ \$130.00 Filing Fee & Certificate of Status     | ■ \$155.00 Filin<br>Certified Copy       | g Fee &   | ☐ \$160.00 Filing Fee<br>of Status & Certified                                |  |               |

### 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:

| OBLAWARE (Jurisdiction under the law of w 09/04/2018  1033 EGRETS WAL (Street Address of   | which foreign limited  |   | 3  |   | iability Company," "L.L.C," or "LLC.   |
|--|--|---|--|---|--|
| (Jurisdiction under the law of w<br>09/04/2018<br>1033 EGRETS WAL  | -  | liability company is organized)   | . 3  |   |  |
| 1033 EGRETS WAL  | (Date first tra<br>(See sections   |   |  | (FEI nur  | mber, if applicable)   |
| 1033 EGRETS WAL  | (Date first tra<br>(See sections   |   |  |   |  |
|  | (See sections  | nsacted business in Florida if non  | or to registration )   |   |  |
|  |  | nsacted business in Florida, if prio<br>605.0904 & 605.0905, F.S. to det  | termine penalty liabili  | ty)   |  |
| (Street Address of   |  | 204   | 6  |   |  |
| NAPLES, FL 34108   |  |   |  | (Mailing Ad   |  |
|  |  |   |  | <del></del>   |  |
|  |  |   |  |   | <u></u>  |
|  |  |   |  |   | 534 <u>L</u>   |
| Name and street addre  | <u>ss</u> of Florida re  | egistered agent: (P.O. B  | 3ox NOT acce   | ptable)   |  |
| Name:  | DIANE HA   | RRIS  |  |   |  |
| Office Address:  | 1033 FGRF  | ETS WALK CIRCLE #   | £204   |   |  |
| Office Address:  |  |   |  | <del>_</del>  | 3  |
|  | NAPLES   |   |  | , Florida <u>34108</u>  | AP*  |
| iving been named as re<br>signated in this applica<br>comply with the provis   | egistered agen<br>ation, I hereby<br>sions of all stat   | accept the appointmen<br>tutes relative to the prop   | it as registered   | (Zip co<br>the above stated limite<br>agent and agree to ac   | ode)  In diability company at the  It in this capacity. I furthe  It duties, and I am familiar |
| aving been named as re<br>signated in this applica<br>comply with the provis   | egistered agen<br>ation, I hereby<br>sions of all stat   | t and to accept service of accept the appointmen tutes relative to the propon as registered agent.  | nt as registered<br>per and comple                               | (Zip co<br>the above stated limite<br>agent and agree to ac   | d liability company at the<br>t in this capacity. I furthe                                     |
| aving been named as re<br>signated in this applica<br>comply with the provis   | egistered agen<br>ation, I hereby<br>sions of all stat   | t and to accept service of accept the appointmentutes relative to the prop  | nt as registered<br>per and comple                               | (Zip co<br>the above stated limite<br>agent and agree to ac   | d liability company at the<br>t in this capacity. I furthe                                     |
| signated in this applica<br>comply with the provis<br>d accept the obligation  | egistered agen<br>ation, I hereby<br>sions of all stat<br>as of my position                          | t and to accept service of accept the appointmen tutes relative to the propon as registered agent.  | nt as registered per and comple  nt's signature)  has/have authe | (Zip co<br>the above stated limite<br>agent and agree to ac<br>ete performance of my                            | d liability company at the<br>t in this capacity. I furthe                                     |
| aving been named as resignated in this application comply with the provised accept the obligation.  The name, title or capitation                      | egistered agent<br>ation, I hereby<br>sions of all states<br>as of my position                       | t and to accept service of accept the appointment tutes relative to the propon as registered agent.  (Registered agentess of the person(s) who                  | nt as registered per and comple  nt's signature)  has/have authe | (Zip co<br>the above stated limite<br>agent and agree to ac<br>ete performance of my<br>ority to manage is/are: | d liability company at the<br>et in this capacity. I furthe<br>duties, and I am familiar       |
| wing been named as resignated in this applicated in this applicated in the provised accept the obligation  The name, title or capacity:                | egistered agent<br>ation, I hereby<br>sions of all states<br>as of my position<br>pacity and address | t and to accept service of accept the appointment outes relative to the propon as registered agent.  (Registered agent ess of the person(s) who me and Address: | nt as registered per and comple nt's signature) o has/have autho | (Zip co   | d liability company at the<br>et in this capacity. I furthe<br>duties, and I am familiar       |
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| wing been named as resignated in this applicated in this applicated in the provised accept the obligation  The name, title or capacity:                | egistered agen ation, I hereby sions of all state as of my position vacity and address  DIA  C 3     | t and to accept service of accept the appointment tutes relative to the propon as registered agent.  (Registered agent ess of the person(s) who me and Address: | nt as registered per and comple nt's signature) o has/have autho | (Zip co   | d liability company at the<br>et in this capacity. I furthe<br>duties, and I am familiar       |

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COASTAL COTTAGES 1, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "COASTAL COTTAGES 1, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

Authentication: 203528559

Date: 10-01-18