

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

**Enter the email address for this business entity to be used for fur annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Coastal Gardens OpCo LLC

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12/11/2018

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Coastal Gardens OpCo LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LL.C.," or "LUC.") (If name invavellable, order offernate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limbed Liability Company," "L.L.C." or "L.L.C." 2. Delaware (Auraciction under the law of which foreign hishland liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(New matters) 605 0904 & 605 0905, F.S. to determine penalty liability) 6. 2362 Nostrand Ave, Suite 7 5. 2362 Nostrand Ave, Suite 7 (Malling Address) (Street Address of Principal Office) Brocklyn, NY 11210 Brooklyn, NY 11210 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vcorp Services, LLC 5011 South State Road 7, Suite 106 Office Address: , Florida 33314 Davic 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 reliative to the proper did complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's Agrantum) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Canacity: Upward Care Services LLC **AMBR** 2362 Nostrand Ave. Suite 7 Brooklyn, NY 11210 (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. Bernard S Bertram, Sole Member

Typed or printed rame of signor

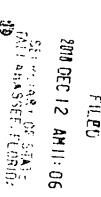
Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COASTAL GARDENS OPCO 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 ELEVENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTAL GARDENS OPCO LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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Authentication: 204073452

Date: 12-11-18

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