## M18000011704

(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:  Sport of GIULIANNA or  Township Promises 5 von 20 455  Birupa inch + many Anaes  in Cut & N. Amilian.  374 1425/18 215 pm

Office Use Only



700321251337

13/18/18--01005--013 \*\*135.00

APPROVED AND FILED

2018 DEC 18 PM 4: 09

SECRETARY OF STATE
TAIL AHASSEE EL CARE

32/28/18

## COVER LETTER

	Registration Section Division of Corporation	18			
CHDIC	Gulf Coastal Group				
SUBJEC	TT:	Name of	Limited Liability C	Company	
					unsact Business in Florida," Certificate o v company to transact business in Florida
Please ret	turn all correspondence o	concerning this matter to the	following:		
	Chris Fox				
		N	ame of Person		
	Gulf Coastal G	roup			
		Fi	irm/Company		
	2171 Campus I	Orive, 250			
			Address		
	Irvine CA 9261	12			
		City/S	tate and Zip Code		<del></del>
	gb@thewaveint.				
		E-mail address: (to be use	d for future annual	report not	ification)
For furth	er information concernin	g this matter, please call:			
	Giulianna		714 at (	713-40	85
	Name (	of Contact Person	Area Code	Day	time Telephone Number
·	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section milding ecutive Center Circle see, FL 32301
	is a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA:

l'name unavailable, enter alternate r	ame adopted for the purpose of transacting b	usiness in Florida. The alterna	te name must include "Limited Lia	bility Company," "L.L.C," or "I	.I.C.")
Delaware		3 81	-3512501		
(Jurisdiction under the law of w	hich foreign limited liability company is orga-			ber, if applicable)	<del></del>
·					
	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, 1	da, if prior to registration.) FS to determine penalty liabili	ny)		
2120 Range Road		6. <u>21</u>	20 Range Road		
(Street Address of Clearwater, FL 33765	Principal Office)	Cle	(Mailing Addearwater, FL 33765		_
	ss of Florida registered agent: (	(P.O. Box NOT acce	eptable)	2918 DEC SECRET TALLAH	_ 
Name: Office Address:	2120 Range Road			C 18	FA
Office Address.	Clearwater	<u> </u>	, Florida <u>33765</u>	변수 19	
			, I tollida		•
lesignated in this applica o comply with the provis	egistered agent and to accept so tion, I hereby accept the apport ions of all statutes relative to the	ervice of process for intment as registered he proper and compl	(Zap coo the above stated limited Lagent and agree to act	l liability and and in this capacity. I fu	rther agre
Taving been named as releasing the lessing tended in this application of comply with the provisional accept the obligation	otance: egistered agent and to accept so etion, I hereby accept the apport ions of all statutes relative to to s of my position as registered of	ervice of process for intment as registered the proper and compl agent.	(Asp coo the above stated limited lagent and agree to act lete-performance of my	l liability and and in this capacity. I fu	rther agra
Taving been named as releasing the lessing tended in this application of comply with the provisional accept the obligation	otance: egistered agent and to accept so etion, I hereby accept the apport ions of all statutes relative to to s of my position as registered to	ervice of process for intment as registered he proper and complayent.  Stered agent's signature)  (s) who has/have auth	(Asp coo the above stated limited lagent and agree to act lete-performance of my	l liability and and in this capacity. I fu	rther agre liar with
Taving been named as relessignated in this applicate to comply with the provisiond accept the obligation  8. The name, title or cap	otance: registered agent and to accept so tion, I hereby accept the apport ions of all statutes relative to to s of my position as registered a	ervice of process for intment as registered he proper and complayent.  Stered agent's signature)  (s) who has/have auth	the above stated limited agent and agree to act lete performance of my nority to manage is/are:	I liability aman in this capacity. I ful duties, and I am fami	rther agre liar with
laving been named as relessignated in this applicate occupily with the provisind accept the obligation  8. The name, title or cap Title or Capacity:	otance: registered agent and to accept so tion, I hereby accept the appea- tions of all statutes relative to to s of my position as registered of the active and address of the person Name and Address	ervice of process for intment as registered he proper and complayent.  Stered agent's signature)  (s) who has/have auth	the above stated limited agent and agree to act lete performance of my nority to manage is/are:	I liability aman in this capacity. I ful duties, and I am fami	rther agro liar with
laving been named as relessignated in this applicate occupily with the provisind accept the obligation  8. The name, title or cap Title or Capacity:	ntance: registered agent and to accept so registered agent and to accept so registered agent and to accept so registered agent and series relative to the s of my position as registered a registered accept the personal Name and Address Chris Fox	ervice of process for intment as registered he proper and complayent.  Stered agent's signature)  (s) who has/have auth	the above stated limited agent and agree to act lete performance of my nority to manage is/are:	I liability aman in this capacity. I ful duties, and I am fami	rther agro liar with
laving been named as relessignated in this applicate occupily with the provisind accept the obligation  8. The name, title or cap Title or Capacity:	ntance: registered agent and to accept so registered agent and to accept so registered agent and to accept so registered agent and series relative to the s of my position as registered a registered accept the personal Name and Address Chris Fox	ervice of process for intment as registered he proper and complayent.  Stered agent's signature)  (s) who has/have auth	the above stated limited agent and agree to act lete performance of my nority to manage is/are:	I liability aman in this capacity. I ful duties, and I am fami	rther agro liar with
laving been named as relessignated in this applicate occupily with the provisind accept the obligation  8. The name, title or cap Title or Capacity:	egistered agent and to accept so tition. I hereby accept the appearions of all statutes relative to its of my position as registered accity and address of the personal Name and Address Chris Fox	ervice of process for intment as registered he proper and complayent.  Stered agent's signature)  (s) who has/have auth	the above stated limited agent and agree to act lete performance of my nority to manage is/are:	I liability aman in this capacity. I ful duties, and I am fami	rther agr liar with

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GULF COASTAL GROUP, 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 TWENTY-NINTH DAY OF NOVEMBER, A.D. 2018.

Authentication: 203989313

Date: 11-29-18