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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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TALLAHASSEE, FLORIDA

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Email Address: _____

**Foreign Limited Liability Company
Coast Technology I, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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**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:

1. COAST TECHNOLOGY I, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana 3. 84-2837799
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 28, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10241 DESTINATION DRIVE
(Street Address of Principal Office)
HAMMOND, LA 70403

6. 10241 DESTINATION DRIVE
(Mailing Address)
HAMMOND, LA 70403

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Michelle Fair
(Registered agent's signature)

Michelle Fair, Asst. Secretary

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Gregory Lala

☒ Member Address: _____

☐ Authorized 10241 DESTINATION DRIVE

Person HAMMOND, LA 70403

☐ Other _____ ☐ Other _____

☒ Manager Name: Woodland Tech

☒ Member Address: _____

☐ Authorized 8020 CLEMENTINE LN.

Person TAMPA, FL 33625

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Stephen Guidry

☒ Member Address: _____

☐ Authorized 10241 DESTINATION DRIVE

Person HAMMOND, LA 70403

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

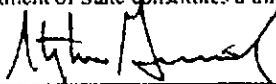
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

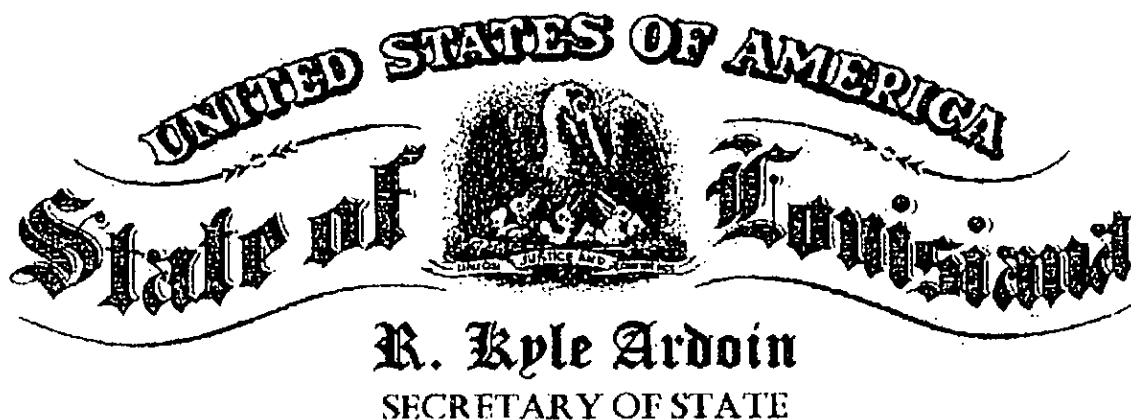
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Stephen Guidry

Typed or printed name of signee



As Secretary of State of the State of Louisiana I do hereby Certify that
the Articles of Organization of

COAST TECHNOLOGY I, LLC

Domiciled at HAMMOND, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on August 28, 2019,

I further certify that no Certificate of Dissolution or Termination has been issued.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 28, 2019

A handwritten signature in black ink, appearing to read 'R Kyle Ardoin', is written over a horizontal line.

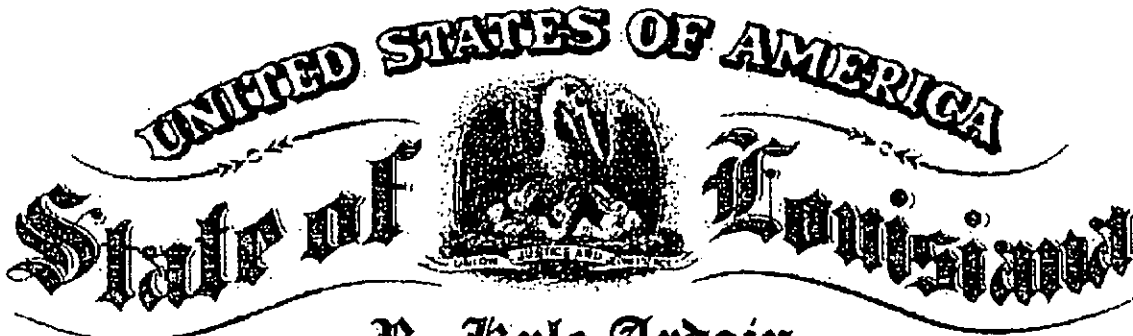
Secretary of State

Web 43586764K



Certificate ID: 11114172#62C42

To validate this certificate, visit the following web site,
go to **Business Services**, Search for Louisiana
Business Filings, Validate a Certificate, then follow
the instructions displayed.
www.sos.la.gov



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

COAST TECHNOLOGY I, LLC

A limited liability company domiciled in HAMMOND, LOUISIANA,

Filed charter and qualified to do business in this State on August 28, 2019.

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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 TALLAHASSEE, FLORIDA

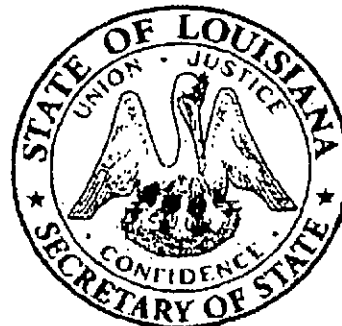
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 28, 2019

R. Kyle Ardoin

Secretary of State

Web 43586764K



Certificate ID: 11114173#E5D52

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www.sos.la.gov