

Division of Corporations

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**H1900010725**

Florida Department of State  
Division of Corporations  
Electronic Filings

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To:

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

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : 120910000112  
Phone : (302)575-0875  
Fax Number : (302)575-1642

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
COASTAL INVESTMENT SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. COASTAL INVESTMENT SOLUTIONS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

COASTAL OF PCB LLC

(If name unavailable, then alternate name to be adopted for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FBI number if applicable)

## UPON QUALIFICATION

4. (Mark first if registered business in Florida, if prior to registration)  
(See sections 605.0914 & 605.1901, F.S. to determine priority date(s))5. 491 Wahoo Dr.  
(Street Address of Principal Office)6. PO Box 27424  
(Mailing Address)Panama City Beach,  
FL 32408Panama City, FL  
324117. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: AGENTS AND CORPORATIONS, INC

Office Address: 300 FIFTH AVENUE SOUTH, STE 101-330

NAPLES

(city)

34102

(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: [Signature] Pres.  
(Registered agent's signature)

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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).

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Stateems LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 27424</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Panama City, FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>32411</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Tri-Coastal Enterprises, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 28225</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Panama City, FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>32411</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Stacey Blaksley  
 \_\_\_\_\_  
 Signature of an authorized person  
Stacey Blaksley  
 \_\_\_\_\_  
 Typed or printed name of officer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTAL INVESTMENT SOLUTIONS 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 FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTAL INVESTMENT SOLUTIONS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2019.

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

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SR# 20197924251

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203939235

Date: 11-05-19