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COVER LETTER

Registration Section Division of Corporations

TO:

_	Name of Limited Liability Company					
				ation to Transact Business in Florida ited liability company to transact bus		
Please return a	II correspondence conce	erning this matter to the	following:			
	Sydney Oudi					
		N:	ame of Person		_	
	Mayhugh Commercial Management, LLC					
		Fi	rm/Company		_	
	13690 Eagle Ridge I	Dr.				
	Address					
	Fort Myers, FL 3391	12				
	-	City/S	tate and Zip Code		_	
	sydney@mayhughcon	nmercial.com				
	E-n	nail address: (to be used	d for future annua	report notification)	- 	
For further info	ormation concerning this	s matter, please call:			2000 0-11 16	
Sydn	ey Oudi		239 at (278-4945	: —	
	Name of Cor	ntact Person	Area Code	Daytime Telephone Number		
Divis Regis P.O. I	on of Corporations tration Section Box 6327 massee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	1: 1: 1: 8	
	sed is a check for the following make check payable to		MENT OF STA	TE		
_	125.00 Filing Fee	S130.00 Filing Fee & Certificate of Sta	: 🗆 \$ 155.00		Fee, Certificat	

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. Cois Family Partners,					
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilit	y Company,""[,], (C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in h	lorida. The	alternate name must is	nclude "Limited Liability (Company," "L.L.C," or "LI.C."
Washington 2		3.			
(Jurisdiction under the law of which foreign limited liability company is organized)			· · · · · · · · · · · · · · · · · · ·	(FEI number, if applicable)	
4					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration tine penalty	n.) lusbility)		
13690 Eagle Ridge Dr. 5. Street Address of Principal Office)			13690 Eagle Ridge Dr. 6. (Mailing Address)		
Street Address of Principal Office)		0.	(Mailing Addr	cs1)	
Fort Myers, FL 33912			Fort Myers, FL	33912	
					2820 O
					0.
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		<u>-,</u>
					5
Name:	Mayhugh Commercial Management, L	LC			-2
Name.					·
Office Address:	13690 Eagle Ridge Dr.				<u>a</u>
	Fort Myers		. Florida	33912	
	(Сяу)		,	(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.

(Registered agent's eightsture)

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:	Title or Capacity:	Name and Address:
□Manager	Name:	■Manager	Name: Sebastian Cois
□Member	Address: 13690 Eagle Ridge Dr.	□Member	Address: 15181 Sobey Rd.
Authorized	Fort Myers, FL 33912	□Authorized	Saratoga, CA 95070
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	□Other
			2
□Manager	Name:	□Manager	Name: 200
□Member	Address:	□Member	Address:
☐ Authorized	· · · · · · · · · · · · · · · · · · ·	□Authorized	
Person		Person	<u></u>
Other	□Other	□Other	Other O

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

Justin Chase Mayhugh

Typed or printed name of signee



Secretary of State

1, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COIS FAMILY PARTNERS, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/31/2003.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/05/2019 UBI Number: 602 354 118

4 118

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

of Washington at Olympia, t

Kim Wyman, Secretary of State

Date Issued: 11'05'2019



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