

M21000002477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

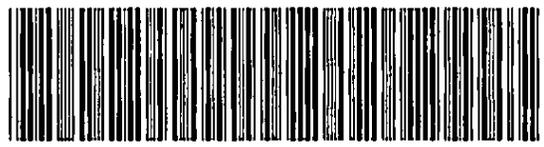
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Special Instructions to Filing Officer:

W 21000019531

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TALLAHASSEE, FL

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3/4/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2021

ROBERT L. LIVINGSTON
2215 JERSEY ST.
JACKSONVILLE, FL 32210

SUBJECT: R.L. LIVINGSTON ENTERPRISES, LLC
Ref. Number: W21000019531

We have received your document for R.L. LIVINGSTON ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 121A00003274

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MAR 01 2021

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. R.L. LIVINGSTON ENTERPRISES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Coastal Shores Construction

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

3. 20-2968291 (EIN#)
(FEI number, if applicable)

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

5. 2215 Jersey St.
(Street Address of Principal Office)
Jacksonville, FL 32210

6. 2215 Jersey St.
(Mailing Address)
Jacksonville, FL 32210

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

Name: Robert L. Livingston

Office Address: 2215 Jersey St.

Jacksonville 32210
(City) , Florida (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.

Robert L. Livingston
(Registered agent's signature)

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: Robert L. Livingston

Member Address: 2215 Jersey St

Authorized Jacksonville, FL 32210

Person _____

Other ^{CEO} _____ Other _____

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

Manager Name: Julia B. Livingston

Member Address: 2215 Jersey St

Authorized Jacksonville, FL 32210

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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 TALLAHASSEE, FL

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

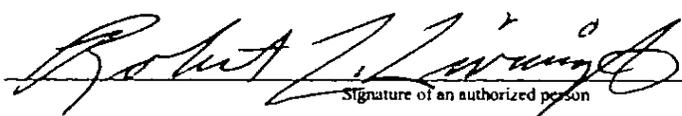
Person _____

Other _____ Other _____

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

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 by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided 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

Robert L. Livingston

 Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

R.L. LIVINGSTON ENTERPRISES, LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 10th, 2005, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

2021 MAR 4 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Given under my Hand and the Great Seal
of the State of South Carolina this 22nd
day of February, 2021.

Mark Hammond
Mark Hammond, Secretary of State