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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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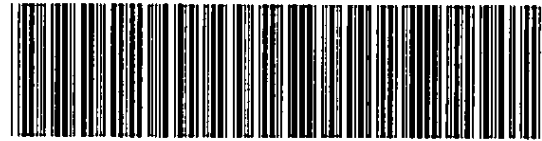
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 AUG -1 AM 8:39
TALLAHASSEE, FLORIDA

T. LEMIEUX

AUG -5 2022

Worman & Sheffler, P.A.
Attorneys At Law

2600 Lake Lucien Drive, Suite 405
Maitland, Florida 32751

Telephone (407) 843-5353
Facsimile (407) 841-9516

July 29, 2022

Sent via Federal Express #: 7775 2820 7420

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Marcia Kohn-Bunin; James Bunin | W&S File No.: 7995.0000
Gold Coins From Heaven MN LLC - Application by Foreign Liability Company
for Authorization to Transact Business in Florida and Certificate of Status

Dear Sir/ Madam:

With respect to the above referenced matter, enclosed is our firm's check in the amount of \$130.00, representing the applicable filing fees for the Application by Foreign Liability Company for Authorization to Transact Business in Florida for Gold Coins From Heaven MN LLC and Certificate of Status.

Also enclosed, is the Certificate of Good Standing issued by the Office of the Minnesota Secretary of State for the subject LLC.

Kindly process the application and issue the Certificate of Status as requested.

Should you have any questions regarding the foregoing, please contact me.

Very truly yours,

WORMAN & SHEFFLER, P.A.

Scott S. Sheffler

Scott S. Sheffler, Esquire

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gold Coins From Heaven MN LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Sheffler, Esq.

Name of Person

Worman & Sheffler, P.A.

Firm/Company

2600 Lake Lucien Drive, Suite 405

Address

Maitland, FL 32751

City/State and Zip Code

ssheffler@wormanlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sheffler

407

843-5353

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

**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. Gold Coins From Heaven MN 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. Minnesota 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 registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1044 Parma Circle 6. 1044 Parma Circle
(Street Address of Principal Office) (Mailing Address)
Lake Mary, FL 32746 Lake Mary, FL 32746

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

Name: Scott Sheffler, Esq.
Office Address: 2600 Lake Lucien Drive, Suite 405
Maitland, Florida 32751
(City) (Zip code)

FILED
2022 AUG - 1 AM 8:39
CLERK OF CIRCUIT COURT
FLORIDA

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.

SAA SM-
(Registered agent's signature)

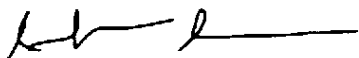
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Marcia Kohn-Bunin</u>	<input checked="" type="checkbox"/> Manager	Name: <u>James Bunin</u>
<input checked="" type="checkbox"/> Member	Address: <u>30 Jersey Avenue South</u>	<input checked="" type="checkbox"/> Member	Address: <u>30 Jersey Avenue South</u>
<input type="checkbox"/> Authorized	<u>Golden Valley, MN 55426</u>	<input type="checkbox"/> Authorized	<u>Golden Valley, MN 55426</u>
Person	_____	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 _____
 <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.



Signature of an authorized person

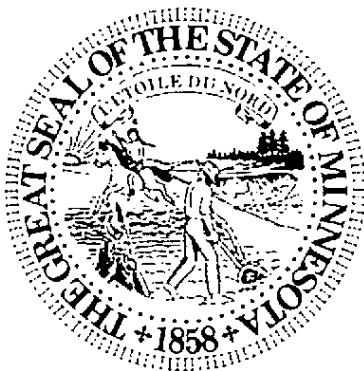
Scott Sheffler, Esq.

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Gold Coins From Heaven MN LLC
Date Filed:	04/15/2021
File Number:	1230695800020
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 07/29/2022



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota