

M23000006168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

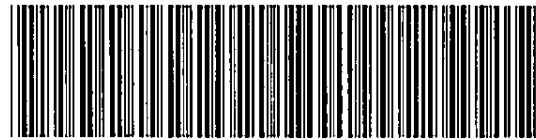
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-40641
00676
(25)

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800400157968

04/03/23--0101--021 **25.00

800400157968
04/03/23--0101--021 **25.00

APPROVED
AND
FILED
2023 MAY 10 PM 3:19

MAY 11 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2023

WILLIAM BRONCHICK
9250 E COSTILLA AVE STE 515
GREENWOOD VILLAGE, CO 80112 US

SUBJECT: CORALVACATIONS LLC
Ref. Number: W23000040641

We have received your document for CORALVACATIONS LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 023A00006898



Bronchick & Associates, PC

ATTORNEYS AND COUNSELORS AT LAW

9250 E. Costilla Avenue, Suite 515, Greenwood Village, CO 80112
Tel 303-398-7032 | Fax 720-853-3520 | www.bronchicklaw.com

February 21, 2023

Dear Florida Department of State Division of Corporation,

Please see enclosed request to register a foreign limited liability company. Also included in letter of good standing with WY and payment.

Please send completed documents/acknowledgements to the following:

Nora MacDonald

9250 E Costilla Ave Suite 515

Greenwood Village, CO 80112

Sincerely,

/S/

BRONCHICK & ASSOCIATES, PC

By Nora MacDonald, Senior Paralegal

Coral Vacations LLC

Second time sending

First time I accidentally
only sent a check for
\$100.00 (which you cashed)
Here is the remaining \$25.00.
So sorry about that.

Please call if you have any
questions (303) 398-7032 or
email me at nora@bronchicklaw.com

Thank YOU!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CoralVacations 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:

William Bronchick

Name of Person

Firm/Company

9250 E Costilla Ave Suite 515

Address

Greenwood Village CO 80112

City/State and Zip Code

sherrypeter_g@yahoo.com

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

For further information concerning this matter, please call:

William Bronchick

303

398-7032

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

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

RECEIVED

FEB 27 2003

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. CoralVacations 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. Wyoming

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

3. N/A

(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. 329 NW 25th Ter

(Street Address of Principal Office)

6.

329 NW 25th Ter

(Mailing Address)

Cape Coral, FL 33993

Cape Coral, FL 33993

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

Name:

Sherry Geevergheese

Office Address:

329 NW 25th Ter

Cape Coral

(City)

, Florida

33993

(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 signature)

2023 MAY 10 PM 3:19

FILED
MAY 10 2023

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: Sherry Geevergheese
☒ Member Address: 329 NW 25th Ter
☐ Authorized Cape Coral, FL 33993
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Chandra Mohan Kakaraka
☒ Member Address: 2009 Junewood Ln
☐ Authorized Morrisville, NC 27560
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Nipul Patel
☒ Member Address: 2004 Junewood Lane
☐ Authorized Morrisville, NC 27560
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Jubi Chackunkal
☒ Member Address: 42736 Flaunders Ct
☐ Authorized Sterling Heights, MI 48314
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Saraj Pillai
☒ Member Address: 1344 Gilwood Dr
☐ Authorized Apex, NC 27523
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.

William Bronchick
William Bronchick
Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

CoralVacations LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 17, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001225626**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of February, 2023 at 11:56 AM. This certificate is assigned ID Number 058687328.



A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State