

M24000001083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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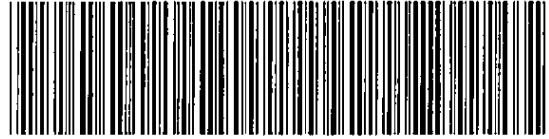
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

8/2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Cookies, 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:

Brian Clegg

Name of Person

Coastal Cookies, LLC

Firm/Company

3361 Titanic Circle

Address

Indianapolis, Florida 32903

City/State and Zip Code

brianwclegg@gmail.com

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

For further information concerning this matter, please call:

Brian Clegg

501

557.4559

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

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. Coastal Cookies, LLC

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

Coastal Cookies FL, 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. Utah

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

3. (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)

212 N 2470 E, Spanish Fork, UT 84660

5. (Street Address of Principal Office)

3361 Titanic Circle

6. (Mailing Address)

Indianalantic, Florida 32903

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TALLAHASSEE, FL

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

Name: Brian Clegg

Office Address: 3361 Titanic Circle

Indianalantic, Florida 32903
(City) (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.

Declassified by

Brian Clegg

(Registered agent's signature)

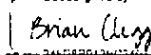
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BC Coastal Investments, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Brian W. Clegg</u>
<input checked="" type="checkbox"/> Member	Address: <u>3361 Titanic Circle</u>	<input type="checkbox"/> Member	Address: <u>3361 Titanic Circle</u>
<input type="checkbox"/> Authorized	<u>Indialantic, Florida 32903</u>	<input type="checkbox"/> Authorized	<u>Indialantic, Florida 32903</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>JM Businesses, LLC</u>	 <input type="checkbox"/> Manager	Name: <u>Steve Clegg Services, LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>1509 Zaffer Street NW</u>	<input checked="" type="checkbox"/> Member	Address: <u>1447 N Main</u>
<input type="checkbox"/> Authorized	<u>Palm Bay, Florida 32907</u>	<input type="checkbox"/> Authorized	<u>Spanish Fork, Utah 84660</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Steven T. Clegg</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Jarek S. Mercer</u>
<input type="checkbox"/> Member	Address: <u>1447 N Main</u>	<input type="checkbox"/> Member	Address: <u>1509 Zaffer Street NW</u>
<input type="checkbox"/> Authorized	<u>Spanish Fork, Utah 84660</u>	<input type="checkbox"/> Authorized	<u>Palm Bay, Florida 32907</u>
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.

DocuSigned by

 Signature of an authorized person

Brian Clegg

 Typed or printed name of signee



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

12/12/2023
12484028-016012122023-1859136

CERTIFICATE OF EXISTENCE

Registration Number: 12484028-0160
Business Name: COASTAL COOKIES, LLC
Registered Date: September 17, 2021
Entity Type: LLC - Domestic
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code