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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC  
Account Number : I20240000024  
Phone : (800)508-1726  
Fax Number : (702)514-6187

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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2024 JUL -2 AM 9:02

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

24 JUL -2 PM 3:45

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Foreign Limited Liability Company**  
**COAST 2 COAST INVESTMENT GROUP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COAST 2 COAST INVESTMENT GROUP, 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:

DTACHIBANA  
Name of Person

NCH Registered Agent  
Firm/Company

1450 VASSAR STREET  
Address

RENO, NV 89502  
City/State and Zip Code

keller.maggie@gmail.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

NCH Registered Agent at ( 800 ) 508-1726  
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

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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. COAST 2 COAST INVESTMENT GROUP, LLC

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

If none available, 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. NEVADA

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

3.

(If F.I. number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0903 & 605.0905, F.S., to determine penalty liability.)

5. 10601 Gandy Blvd North Apt 3317

(Street Address of Principal Office)

6. 10601 Gandy Blvd North Apt 3317

(Mailing Address)

St. Petersburg, FL 33702

St. Petersburg, FL 33702

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

Name: J. Andrew Braithwaite, P.A.

Office Address: 390 N. Orange Ave Suite 2300

Orlando

(City)

, Florida 32801

(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.

J. Andrew Braithwaite, P.A.

(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>Maggie Keller</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jaimal St. John</u>
<input type="checkbox"/> Member	Address: <u>10601 Gandy Blvd North</u>	<input type="checkbox"/> Member	Address: <u>10601 Gandy Blvd North</u>
<input type="checkbox"/> Authorized	<u>Apt 3317</u>	<input type="checkbox"/> Authorized	<u>Apt 3317</u>
Person	<u>St. Petersburg, FL 33702</u>	Person	<u>St. Petersburg, FL 33702</u>
<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.

Maggie Keller  
Signature of an authorized person

Maggie Keller  
Typed or printed name of signer

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **COAST 2 COAST INVESTMENT GROUP, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/08/2020, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my

office on 07/01/2024.

FRANCISCO V. AGUILAR  
Secretary of State

Certificate Number: B202407014774126

You may verify this certificate

online at <https://www.nvsecretaryofstate.gov/home>

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