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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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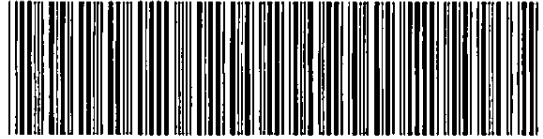
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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505 HIGHWAY 169 NORTH, SUITE 350
MINNEAPOLIS, MINNESOTA 55441



COUREY, KOSANDA & ZIMMER, P.A.

TELEPHONE: (763) 398-0441
FAX: (763) 398-0062

BRIDGET C. ANDERSON
banderson@ckzlawfirm.com

August 6, 2024

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

Re: Coral Canal Retreat LLC

Dear Sir or Madam:

Enclosed for filing with your office, with regard to the above-referenced company, are the following documents:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; and
3. Certificate of Good Standing.

This firm's check in the amount of \$125.00 is also enclosed for the filing fee.

We understand that we will receive a letter of acknowledgement after the enclosed Application has been processed with your office. If you should have any questions or need anything further in order to process this request, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink, reading 'Bridget C. Anderson'. The signature is fluid and cursive, with a long horizontal line extending from the end.

Bridget C. Anderson

/bca
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coral Canal Retreat 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:

Bridget C. Anderson, Esq.

Name of Person

Courey, Kosanda & Zimmer, P.A.

Firm/Company

505 Highway 169 Nort, Suite 350

Address

Minneapolis, Minnesota 55441

City/State and Zip Code

banderson@ckzlawfirm.com

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

For further information concerning this matter, please call:

Bridget C. Anderson, Esq.

763

398-0441

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. Coral Canal Retreat 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.")

Minnesota

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

99-4042442

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)

9859 Arrowhead Trail

5. (Street Address of Principal Office)

Woodbury, Minnesota 55129

9859 Arrowhead Trail

6. (Mailing Address)

Woodbury, Minnesota 55129

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

Name: Charles Greenberg

Office Address: 4129 SW 5th Place

Cape Coral, Florida 33914
(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.

(Registered agent's signature)

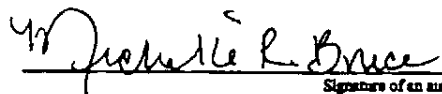
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Michelle Bruce	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 9859 Arrowhead Trail	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Woodbury, MN 55129	<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 _____
 <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

Michelle R. Bruce

 Typed or printed name of signer

**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:	Coral Canal Retreat LLC
Date Filed:	07/18/2024
File Number:	1482990500026
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 08/06/2024



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

Steve Simon
Secretary of State
State of Minnesota