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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_



Foreign Limited Liability Company Coast Development Co. LLC

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8/28/2024 07:07:52 PDT . To: 18506176383 Page: 2/4 Fax: 9134365206

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Coast Development Co					
(Name of Foreign	Limited Liability Company, must include "Limite	d Liability	Company," "UA,C," or "U.C.")		
fit name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lerida. The a	Remate name must include "Uninted Earbility Comp	unviintat (Cilorint (Cili)	
. Washington		3,	3. 20-5173328		
(Jurisdiction under the law of which foreign lumbed hability company is organized)			iFFI number, if applicables		
4.	(Date first transacted business in Florida, if prior to (See sections 60) 1994 A 605 (1998), F.S. to determ	registration	I		
328 N Olympic Ave	(see seemons on, which was a property as a following	,	7901 4th St N STE 300		
(Sireet Address of Principal Office)			(Mailing Address)		
Arlington WA 98223		:	St. Petersburg Ft. 33702	24 31VIE	
		_		NUG 2016	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> a	cceptable)	RY OF STA	
Name:	Northwest Registered Agent LLC			2 5 T	
Office Address.	7901 4th St N STE 300				
	St. Petersburg		, Florida <u>33702</u>		
	(CRy)		(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 signatures

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Harold Stevens
ХМетber	Address: 7901 4th St N STE 300	X Member	7901 4th St N STE 300 Address:
□Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702
Person		Person	
□Other	Other	□Other	
≟Manager	Angela Gaskin	□Manager	Name:
X'Member	Address:	□Member	Address:
	St. Petersburg FL 33702	∏Amhorized	
Person		Person	
□Other		[[]Other	
∐Manager	Name:	L!Manager	Name.
□Membei	Address:	□Member	Address;
□Authorized		□Authorized	
Person		Person	
Other		E.Other	

<u>Important Nource</u>: Use an attachment to report more than six (b). 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 8.817.155, F.S.

113/	GANT W	
 	Signature of an authorized person	
Nat Smith		
	Lyped or printed name of signee	



Tc 18506176383

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, bereby issue this

CERTIFICATE OF EXISTENCE

OF

COAST DEVELOPMENT CO. LLC

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/21/2006.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/27/2024 UBI Number: 602-626-922

the R Hobbie



Coven crafe, my hand our the Seal of the State Capital

Steve R. Hebbs, Secretary of State

Date Issued 10s 27/2024