

M20000006404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

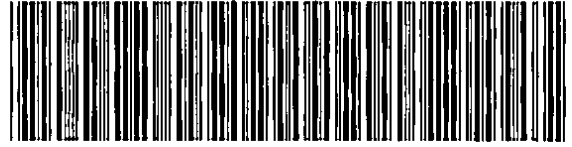
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SBF  
7/28/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Injury Clinic, 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 Roberts  
Name of Person  
Coastal Injury Clinic, LLC  
Firm/Company  
2700 Riverside Ave, Suite 3  
Address  
Jacksonville FL 32205  
City/State and Zip Code  
BRoberts@PCPfinancial.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridget L. Roberts at 904 265-8232  
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. Coastal Injury Clinic, 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. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2700 Riverside Ave, Suite 3  
(Street Address of Principal Office)

6. 2700 Riverside Ave, Suite 3  
(Mailing Address)

Jacksonville FL 32205

Jacksonville FL 32205

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

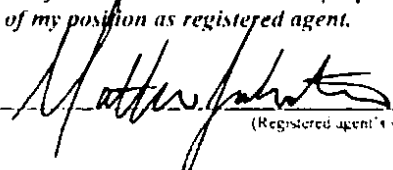
Name: Mathew Johnston

Office Address: 2700 Riverside Ave, Suite 3

Jacksonville FL , Florida 32205  
(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)

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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]:


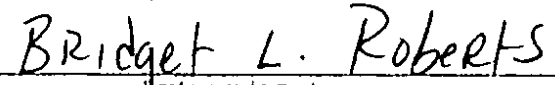
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kenneth Powell</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bridget Roberts</u>
<input type="checkbox"/> Member	Address: <u>2700 Riverside Ave, Suite 3</u>	<input type="checkbox"/> Member	Address: <u>7855 Argyle Forest Blvd</u>
<input type="checkbox"/> Authorized Person	<u>Jacksonville FL 32205</u>	<input type="checkbox"/> Authorized Person	<u>#101</u> <u>Jacksonville FL 32244</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO</u>	<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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**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  
  
 \_\_\_\_\_  
Typed or printed name of signer

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Coastal Injury Clinic, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls (street), in the City of Wilmington, Zip Code 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporation Service Company

By: \_\_\_\_\_

*Bridget L Roberts*

Authorized Person

Name: \_\_\_\_\_

*BRIDGET L. ROBERTS*

Print or Type

# Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTAL INJURY CLINIC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTAL INJURY CLINIC, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020 JUN 13 PM 3:14



  
Jeffrey W. Bullock, Secretary of State

3077654 8300

SR# 20205767887

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203131912

Date: 06-18-20

# Delaware

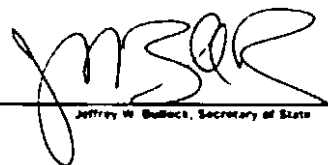
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "COASTAL INJURY CLINIC, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JUNE, A.D. 2020, AT 5:47 O`CLOCK P.M.

2020 JUN 13 PM 3:14



  
Jeffrey W. Bullock, Secretary of State

3077654 8100  
SR# 20205733245

Authentication: 203131696  
Date: 06-18-20

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