

M20000007002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

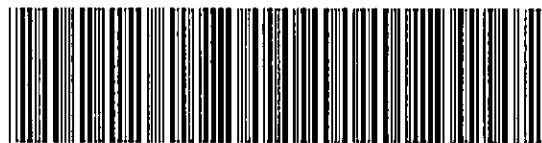
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600347392626

07/07/20--01031 -019 **160.00

RECEIVED

JUL 06 2020

2020 AUG 12 AM 11:58
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

ED

AUG 13 2020

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2020

BROOKS MCDONALD
813 COLUMBIA AVE, SUITE C
FRANKLIN, TN 37064 US

SUBJECT: MCDONALD COASTAL INSURANCE
Ref. Number: W20000071647

We have received your document for MCDONALD COASTAL INSURANCE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALTERNATE NAME MUST HAVE SUFFIX AND AUTHORIZED PERSON IN NUMBER 8 MUST HAVE A TITLE,

Pursuant to section 628.091, Florida Statutes, approval must be obtained from the Department of Financial Services. Approval may be obtained from:

Department of Financial Services

200 E. Gaines St.

Tallahassee, FL 32399

850-413-2575

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 920A00013455

RECEIVED

AUG 12 2020

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations
McDonald Insurance LLC

SUBJECT: _____
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:

Brooks McDonald

Name of Person

McDonald Insurance LLC

Firm/Company

813 Columbia Ave, Suite C

Address

Franklin, TN 37064

City/State and Zip Code

bmcDonald@mcDonaldins.net

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

For further information concerning this matter, please call:

Brooks McDonald

901

581-9880

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:

McDonald Insurance LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

McDonald Coastal Insurance 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.")

Tennessee

46-4371312

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

6/18/20

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)

495 Grand Blvd

495 Grand Blvd

5. _____
(Street Address of Principal Office)

Suite 206

6. _____
(Mailing Address)

Suite 206

Miramar Beach, FL 32550

Miramar Beach, FL 32550

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

Brooks McDonald

Name:

495 Grand Blvd Suite 206

Office Address:

Miramar Beach

32550

_____, Florida _____
(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.

- DocuSigned by:

Brooks McDonald

EC313BCAA73B42E (Registered agent's signature)

FD
2020 AUG 12 AM 11:59
SHERIFF'S OFFICE
CLERK

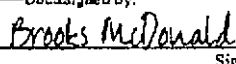
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Brooks McDonald</u>	<input type="checkbox"/> Manager	Name: _____
	<u>1994 Shannons Cove</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Authorized	<u>Miramar Beach, FL 32550</u>		
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 _____

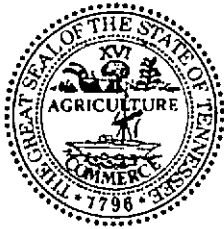
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

DocuSigned by:

 FC313BC8A73942F... Signature of an authorized person
 Brooks McDonald

 Typed or printed name of signer



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BROOKS MCDONALD
1339 JEWELL AVE
FRANKLIN, TN 37064

June 18, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0369404

Issuance Date: 06/18/2020
Copies Requested: 1

Document Receipt

Receipt #: 005610867

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3783766176

\$20.00

Regarding: McDonald Insurance LLC

Filing Type: Limited Liability Company - Domestic

Control #: 741020

Formation/Qualification Date: 12/16/2013

Date Formed: 12/16/2013

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

McDonald Insurance LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 040198329