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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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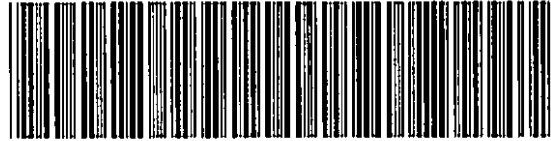
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Mens 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:

Brad Thornton

Name of Person

Gulf Coast Mens Clinic

Firm/Company

5920 Grelot Rd, Ste E3

Address

Mobile, AL 36609

City/State and Zip Code

emailgcme@gmail.com

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

For further information concerning this matter, please call:

Brad Thornton

251

525-9808

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

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2021 DEC -6 PM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulf Coast Mens Clinic LLC

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at (_____) _____

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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. Gulf Coast Mens 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. Mobile County, Alabama
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-465-7021
(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. 1100 Airport Blvd
(Street Address of Principal Office)

6. 5920 Grelot Rd
(Mailing Address)

Ste C

Ste E3

Pensacola, FL 32504

Mobile, AL 36609

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

Name: Brad Thornton

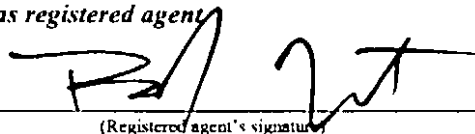
Office Address: 1100 Airport Blvd, Ste C

Pensacola, Florida 32504
(City) (Zip code)

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2021 DEC -6 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]:

Title or Capacity:

Name and Address:

☒ Manager

Name: Brad Thornton

☐ Member

Address: 15810 Hwy 59

☐ Authorized

Foley, AL 36535

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: Christopher McMeans

☐ Member

Address: 1500 Hillcrest Rd, # 837

☒ Authorized

Mobile, AL 36695

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: Eyston Hunte

☒ Member

Address: 757 Airmont Dr

☐ Authorized

Mobile, AL 36609

Person

☐ Other _____

☐ Other _____

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

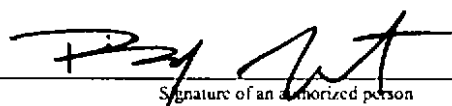
☐ Other _____

☐ 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

Brad Thornton

Typed or printed name of signee

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Gulf Coast Mens Clinic LLC
was formed in Mobile County, Alabama on February 10, 2020. The Alabama
Entity Identification number for this entity is 622-264. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20211130000013698

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

11/30/2021

Date

J. H. Merrill

John H. Merrill

Secretary of State

Fictitious Name Registration - G21000158.

OnlineWebFic@dos.state.fl.us via fldos.onmicrosoft.com
to EMAILGCMC

Subject: GULF COAST MENS CLINIC

REGISTRATION NUMBER: G21000158335

This will acknowledge the filing of the above fictitious name registration which was registered on November 30, 2021. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

If the mailing address of this business changes, please notify this office in writing, or through the link provided on our website www.sunbiz.org <<http://www.sunbiz.org>> for Address & FEI/EIN Changes. Please reference the original registration number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Division of Corporations