

M 22000012117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

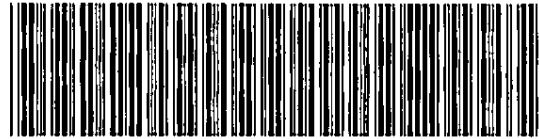
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S. FRANKLIN  
AUG - 3 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Properties, 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:

Brian Henderson  
Name of Person

Coastal Properties, LLC  
Firm/Company

1094 River Oaks Blvd.  
Address

Lebanon, TN 37090  
City/State and Zip Code

brianj.henderson22@gmail.com  
E-mail Address: (to be used for future annual report notification)

2022 JUL - 5 PM 4:17

For further information concerning this matter, please call:

Brian Henderson at ( 615 ) 714-6622  
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. Coastal Properties, 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. Tennessee 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. None to Date  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1094 River Oaks Blvd. 6. Same  
(Street Address of Principal Office) (Mailing Address)

Lebanon, TN 37090

2022 JUL -5 PM 1:17

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

Name: Brian Henderson

Office Address: 3623 SW 6TH AVE.

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.

Brian Henderson  
(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: <u>Brian Henderson</u>          | <input type="checkbox"/> Manager           | Name: <u>Jennifer Henderson</u>       |
| <input checked="" type="checkbox"/> Member | Address: <u>1094 River Oaks Blvd.</u> | <input checked="" type="checkbox"/> Member | Address: <u>1094 River Oaks Blvd.</u> |
| <input type="checkbox"/> Authorized        | <u>Lebanon, TN 37090</u>              | <input type="checkbox"/> Authorized        | <u>Lebanon, TN 37090</u>              |
| Person                                     | _____                                 | Person                                     | _____                                 |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  |
| <br><input type="checkbox"/> Manager       | Name: _____                           | <br><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 _____  |
| <br><input type="checkbox"/> Manager       | Name: _____                           | <br><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.

Brian Henderson  
Signature of an authorized person  
Brian Henderson  
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

**BRIAN J HENDERSON**  
BRIAN HENDERSON  
1094 RIVER OAKS BLVD  
LEBANON, TN 37090

May 22, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0476831

Issuance Date: 05/22/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 007253566 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3829676381 \$20.00

**Regarding: Coastal Properties, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 04/19/2022  
Status: Active  
Duration Term: Perpetual  
Business County: WILSON COUNTY

Control #: 1306297  
Date Formed: 04/19/2022  
Formation Locale: TENNESSEE  
Inactive Date:

2022 JUN - 17 PM 4:17

**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

**Coastal Properties, 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 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 #: 053844730



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2022

BRIAN HENDERSON  
1094 RIVER OAKS BLVD  
LEBANON, TN 37090 US

SUBJECT: COASTAL PROPERTIES, LLC  
Ref. Number: W22000082418

*Corrected*

We have received your document for COASTAL PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 822A00013587

*Rec'd 7/5*