

M22000013751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

LOS  
Rec'd  
9-6-22

Office Use Only



300392759013

SEP 6 2022 9:43 AM

RECEIVED  
SEP 6 2022

2022 SEP -6 AM 9:43

FILED

SEP -6 2022

M. SOLOMON

102501  
2222

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Paradise Med Spa 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:

Scott Wadman

\_\_\_\_\_  
Name of Person

Coastal Paradise Med Spa LLC

\_\_\_\_\_  
Firm/Company

3840 Colonial Blvd Suite 2

\_\_\_\_\_  
Address

Fort Myers, FL 33966

\_\_\_\_\_  
City/State and Zip Code

scott@suncoastregen.com

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

FILED  
2022 SEP -6 AM 9:43  
CLERK OF COURT  
1000 GUNN STREET  
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Scott Wadman

805

300-9398

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 05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coastal Paradise Med Spa 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. Mississippi 3. 88-2222274  
(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)

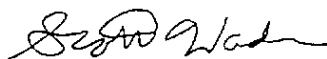
5. 3840 Colonial Blvd Suite 2 6. 3840 Colonial Blvd Suite 2  
(Street Address of Principal Office) (Mailing Address)  
Fort Myers, FL 33966 Fort Myers, FL 33966

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

Name: Scott Wadman  
Office Address: 3840 Colonial Blvd Suite 2  
Fort Myers, Florida 33966  
(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)

RECEIVED  
STATE  
CLERK  
TALLAHASSEE, FLORIDA

2022 SEP -6 AM 9:43

FILED

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>Scott Wadman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David F Rowe</u>
<input checked="" type="checkbox"/> Member	Address: <u>3840 Colonial Blvd Suite 2</u>	<input checked="" type="checkbox"/> Member	Address: <u>212 Draperton Ct</u>
<input type="checkbox"/> Authorized	<u>Fort Myers, FL 33966</u>	<input type="checkbox"/> Authorized	<u>Ridgeland, MS 39157</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Randall Field</u>	<input type="checkbox"/> Manager	Name: <u>Chris Rowe</u>
<input checked="" type="checkbox"/> Member	Address: <u>212 Draperton Ct</u>	<input type="checkbox"/> Member	Address: <u>212 Draperton Ct</u>
<input type="checkbox"/> Authorized	<u>Ridgeland, MS 39157</u>	<input checked="" type="checkbox"/> Authorized	<u>Ridgeland, MS 39157</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 _____

FILED  
 2022 SEP -6 AM 9:43  
 CLERK OF COURT  
 JEFFERSON COUNTY  
 MISSISSIPPI

**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

Scott Wadman

Typed or printed name of signer



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **COASTAL PARADISE MED SPA LLC**

Registered the 10th day of May, 2022

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

212 Draperton Ct. Ridgeland MS 39157  
Ridgeland, MS 39157

And that the registered agent at that address is:

DAVID F ROWE

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 3rd day of September, 2022

Certificate Number: CN22147666

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2022

SCOTT WADMAN  
3840 COLONIAL BLVD STE 2  
FT MYERS, FL 33966

SUBJECT: COASTAL PARADISE MED SPA LLC  
Ref. Number: W22000109202

We have received your document for COASTAL PARADISE MED SPA 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):

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) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 322A00018889