

M23000013903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

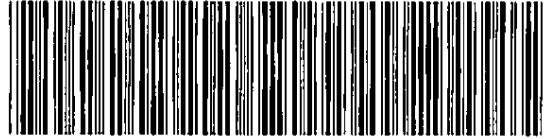
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-139841

Office Use Only



900415375819

03/14/23--01005--025 **100.00

10/17/23--01026--008 **25.00

APPROVED
AND
FILED
2023 OCT 31 PM 3:49
CLERK OF COURT

OCT 31 2023
K. Brumblay



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2023

DAN ROBICHAUD
840 PINNACLE CT., STE. 202
MESQUITE, NV 89027

SUBJECT: EAST COAST SPORT & MARINE, LLC
Ref. Number: W23000139841

We have received your document for EAST COAST SPORT & MARINE, LLC and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file and LLC is \$125.00. Please return with a check or money for an additional \$25.00,

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 823A00023586

East Coast Sport & Marine, LLC

Document Number: W23000139841

13910 Lynmar Blvd

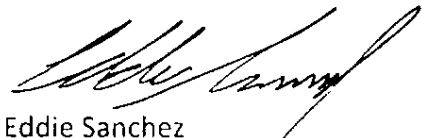
Tampa, FL 33626

Dear Sir or Madam:

We filed a foreign registration form with the state and it was rejected because we only sent in a check for \$100.00 and we should of sent a check for \$125.00. In this mailing we have included a check for the additional \$25.00. We ask that you please process and activate our registration for the state.

If there are any questions, please give us a call.

Thank you,



Eddie Sanchez

Chief Financial Officer

East Coast Sport & Marine, LLC

13910 Lynmar Blvd

Tampa, FL 33626

ESanchez@onesourcemg.com

Phone: 866-834-7473 ext 631

Fax: 877-490-9111

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: East Coast Sport & Marine, 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:

Dan Robichaud

Name of Person

East Coast Sport & Marine, LLC

Firm/Company

840 Pinnacle Court Suite 202

Address

Mequite, NV 89027

City/State and Zip Code

Jon@nvmedicalsupplies.com

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

For further information concerning this matter, please call:

Jon Robichaud

919

818-7407

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:

1. East Coast Sport & Marine, 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. Nevada 3. 92-3153192
(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. 12627 Race Track Rd. 6. 13910 Lynmar Blvd
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33626 Tampa, FL 33626


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

Name: One Source Medical Group, LLC
Office Address: 13910 Lynmar Blvd
Tampa 33626
(City) , Florida (Zip code)

APPROVED
FILED
2023 OCT 31 PM 3:49

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: Dan Robichuad

☐ Member Address: 13910 Lynmar Blvd

☐ Authorized Tampa, FL 33626

Person _____

☒ Other Pres ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jon Robichuad

☐ Member Address: 13910 Lynmar Blvd

☐ Authorized Tampa, FL 33626

Person _____

☒ Other VP ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

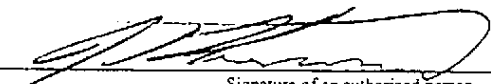
Person _____

☐ 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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **East Coast Sport & Marine, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/13/2023, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/08/2023.

A handwritten signature in cursive script, reading "FV Aguilar", is written over the printed name.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202309083937185

You may verify this certificate
online at <http://www.nvsos.gov>