

M23000014738

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer:

W23000014738

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04/28/23--1100--021 \$199.00

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APR 27 2023

2023 NOV 15 PM 3:59

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AND
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NOV 17 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2023

BRENT LONG
116 E. MARKET ST
STE 100
JOHNSON CITY, TN 37604

SUBJECT: RIGHT COAST MEDICAL, LLC
Ref. Number: W23000066230

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 323A00010296

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Right Coast Medical, 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:

Zach Holmes

Name of Person

Right Coast Medical, LLC

Firm/Company

322 E Main Street

Address

Johnson City, TN 37601

City/State and Zip Code

zach@rightcoastmedical.com

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

For further information concerning this matter, please call:

Resa Kinsey

423

509-0639

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. Right Coast Medical, 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. Johnson City, TN 3. 27-2674452
(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. 322 East Main Street 6. 322 East Main Street
(Street Address of Principal Office) (Mailing Address)
Johnson City, TN 37601 Johnson City, TN 37601

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

Name: Nathan Burris

Office Address: 4701 N Federal Highway #455

Pompano Beach 33064
(City) , Florida (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.

Nathan Burris

(Registered agent's signature)

2023 NOV 15 PM 3:59
APPROVED
AND
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]:

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

☐ Manager Name: Brent Long

☐ Member Address: 322 East Main Street

☒ Authorized Johnson City, TN 37601

Person

☐ Other ☐ Other

☐ Manager Name: Nathan Burris

☐ Member Address: 4701 N Federal Highway #455

☒ Authorized Pompano Beach, FL 33064

Person

☐ Other ☐ Other

☐ Manager Name: Zach Holmes

☐ Member Address: 322 East Main Street

☒ Authorized Johnson City, TN 37601

Person

☐ Other ☐ Other

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

☐ Manager Name: Tyler Seals

☐ Member Address: 322 East Main St

☒ Authorized Johnson City, TN

Person 37601

☐ 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.

Brent Long

Signature of an authorized person

Brent Long

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

April 25, 2023

BRENT LONG
1001 E 9TH AVE
JOHNSON CITY, TN 37601

Request Type: Certificate of Existence/Authorization
Request #: 0527283

Issuance Date: 04/25/2023
Copies Requested: 1

Document Receipt

Receipt #: 008072998
Payment-Credit Card - State Payment Center - CC #: 3849964535
Filing Fee: \$20.00
\$20.00

Regarding: Right Coast Medical, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/07/2010
Status: Active
Duration Term: Perpetual
Business County: WASHINGTON COUNTY

Control #: 630788
Date Formed: 05/07/2010
Formation Locale: TENNESSEE
Inactive Date:

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

Right Coast Medical, 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 #: 060279528