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K. Brumblay

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coastal Plains Management Services, 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:

Nelson Max Rose

Name of Person

Coastal Plains Management Services, LLC

Firm/Company

13289 Arbor Pointe Circle, Unit 203

Address

Tampa, FL 33617

City/State and Zip Code

nelsonmaxx@gmail.com

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

For further information concerning this matter, please call:

Nelson Max Rose

651

447-7522

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. Coastal Plains Management Services, 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. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5538216

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13289 Arbor Pointe Circle, Unit 203

(Street Address of Principal Office)

6. 13289 Arbor Pointe Circle, Unit 203

(Mailing Address)

Tampa, FL 33617

Tampa, FL 33617

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

Name: Nelson Max Rose

Office Address: 13289 Arbor Pointe Circle, Unit 203

Tampa

(City)

Florida 33617

(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.

nelson rose

(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 checked="" type="checkbox"/> Manager	Name:	Nelson Max Rose		<input type="checkbox"/> Manager	Name:	Kayla Rose	
<input type="checkbox"/> Member	Address:	13289 Arbor Pointe Circle, Unit 203		<input type="checkbox"/> Member	Address:	16279 Silver Wing Lane.	
<input checked="" type="checkbox"/> Authorized Person		Tampa, FL 33617		<input type="checkbox"/> Authorized Person		Hockley, TX 77447	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Darla Rose		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	16279 Silver Wing Lane.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person		Hockley, TX 77447		<input type="checkbox"/> Authorized 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 Person				<input type="checkbox"/> Authorized 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.

nelson rose

Signature of an authorized person

Nelson Max Rose



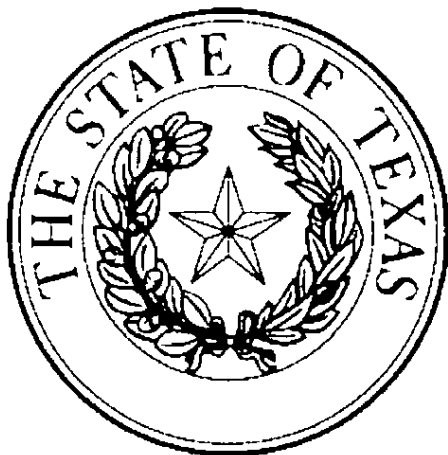
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Coastal Plains Management Services, LLC (file number 802320160), a Domestic Limited Liability Company (LLC), was filed in this office on October 27, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 16, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State