

M24000005439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

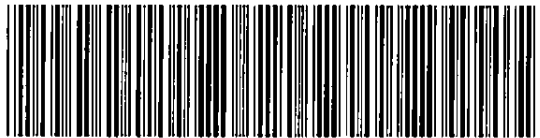
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900427375789

04/15/24--01020--015 **125.00

2024 APR 15 PM 4:41

ME

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coast Payroll 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:

Kristin Maddox

Name of Person

Maddox CPA Consulting, LLC

Firm/Company

368 Courthouse Rd., Ste B

Address

Gulfport, MS 39507

City/State and Zip Code

kristin@maddoxcpaconsulting.com

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

For further information concerning this matter, please call:

Kristin Maddox

228

220-4768

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 609.02, FLORIDA STATUTES, THE FOLLOWING IS NAMED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Coast Payroll Services LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

Coast Payroll Services, LLC

(If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Mississippi

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

3. 81-4268175

(LLC number (optional))

4. _____
(Prior and completed business in Florida in previous registration)
(See articles 609.02 and 609.05, F.S., to determine which articles apply.)

5. _____
(Known Address of Principal Office)

8775 Old Spanish Trail, Ste G

Ocean Springs, MS 39564

6. _____
(Mailing Address)

8775 Old Spanish Trail, Ste G

8775 Old Spanish Trail, Ste G

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

Name: Jonathan Gomez

Office Address: 4103 Causeway Blvd

Tampa

33619

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.

(Registered agent's signature)

2014 APR 15 PM 4:41

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>Jesus J Saucedo</u>	<input type="checkbox"/> Manager	Name: <u>Phoenix Labor Group LLC</u>
<input type="checkbox"/> Member	Address: <u>8775 Old Spanish Trail, Ste G</u>	<input checked="" type="checkbox"/> Member	Address: <u>8775 Old Spanish Trail, Ste G</u>
<input type="checkbox"/> Authorized	<u>Ocean Springs, MS 39564</u>	<input type="checkbox"/> Authorized	<u>Ocean Springs, MS 39564</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 _____
 <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 _____

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

Jesus J Saucedo

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:

COAST PAYROLL SERVICES LLC

Registered the 28th day of October, 2016

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:

368 COURTHOUSE RD STE B
Gulfport, MS 39507

And that the registered agent at that address is:

Kristin Maddox

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 28th day of March, 2024

Certificate Number: CN24185681

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