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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

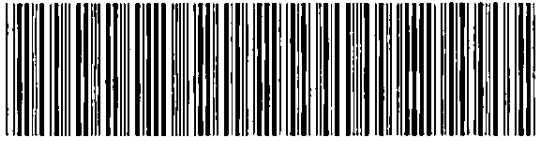
(Business Entity Name)

(Document Number)

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T. LEMIEUX
NOV 25 2024

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358

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASTER MEDICAL EQUIPMENT, 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:

CARRIE KASTNER
Name of Person
MASTER MEDICAL EQUIPMENT, LLC
Firm/Company
2345 DR F E WRIGHT DRIVE
Address
JACKSON, TN 38305
City/State and Zip Code
CKASTNER@MMEMED.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARRIE KASTNER at (731) 265-6743
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2024

CARRIE KASTNER
2345 DR F E WRIGHT DR
JACKSON, TN 38305

SUBJECT: MASTER MEDICAL EQUIPMENT, LLC
Ref. Number: W24000149189

We have received your document for MASTER MEDICAL EQUIPMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 024A00024223

RECEIVED

NOV 18 2024

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. Master Medical Equipment, 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0761377
(FEI number, if applicable)

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

5. 2345 DR F E WRIGHT DRIVE
(Street Address of Principal Office)
JACKSON, TN 38305

6. PO BOX 11476
(Mailing Address)
JACKSON, TN 38308

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

2024 NOV 26 PM 4:25
STATE
PALM BEACH, FL

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.

[Signature]
(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: CARRIE KASTNER

Member Address: 5700 BAYOU ST JOHN AVE

Authorized Person ORANGE BEACH, AL 36561

Other _____

Other _____

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

Manager Name: MARK TAYLOR

Member Address: 2345 DR F E WRIGHT DRIVE

Authorized Person JACKSON, TN 38305

Other OWNER Other _____

Manager Name: BENTLEE FUZZELL

Member Address: 2345 DR F E WRIGHT DRIVE

Authorized Person JACKSON, TN 38305

Other _____ Other _____

Manager Name: TANYA PALMER

Member Address: 2345 DR F E WRIGHT DRIVE

Authorized Person JACKSON, TN 38305

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.

Carrie Kastner

Signature of an authorized person

CARRIE KASTNER

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

MASTER MEDICAL EQUIPMENT, LLC
CARRIE KASTNER
2345 DR FE WRIGHT DRIVE
JACKSON, TN 38305

November 15, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0611659

Issuance Date: 11/15/2024
Copies Requested: 1

Document Receipt

Receipt #: 009338799 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3886104858 \$20.00

Regarding: Master Medical Equipment, LLC
Filing Type: Limited Liability Company - Domestic Control #: 668699
Formation/Qualification Date: 09/29/2011 Date Formed: 09/29/2011
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: MADISON COUNTY

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

Master Medical Equipment, 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 #: 071110009