

For Office Use Only



STATE OF CALIFORNIA Office of the Secretary of State REGISTRATION OUT-OF-STATE LIMITED LIABILITY COMPANY California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

-FILED-

File No.: 202565917022 Date Filed: 2/21/2025

Limited Liability Company Name Limited Liability Company Name	Coastal Behavioral Home Health, LLC
Jurisdiction	
Limited Liability Company is Formed in	WYOMING
Authority Statement	
This LLC currently has powers and privileges to conduct business in the state, foreign country or other jurisdiction entered above.	
Street Address of Principal Office of LLC	
Principal Address	3350 EAST 7TH STREET, STE 230 LONG BEACH, CA 90804
Mailing Address of LLC	
Mailing Address	3350 EAST 7TH STREET, STE 230 LONG BEACH, CA 90804
Attention	
Street Address of California Office of LLC	
Street Address of California Office	None
Agent for Service of Process	
Agent Name	ANNA WIGGINS
Agent Address	3350 EAST 7TH STREET, STE 230 LONG BEACH, CA 90804
Consent to Service of Process	

The Secretary of State is appointed as the agent of the foreign (out-of-state) limited liability company for service of process if the agent has resigned and has not been replaced or if the agent cannot be found or served with the exercise of reasonable diligence.

Consent to service of process extends to service of process directed to the foreign (out-of-state) limited liability company's agent in this state for a search warrant issued pursuant to California Penal Code section 1524.2, or for any other validly issued and properly served search warrant, for records or documents that are in the possession of the foreign (out-of-state) limited liability company and are located inside or outside of this state. This shall apply to a foreign (out-of-state) limited liability company that is a party or a nonparty to the matter for which the search warrant is sought. For purposes of this consent "properly served" means delivered by hand, or in a manner reasonably allowing for proof of delivery if delivered by United States mail, overnight delivery service, facsimile, or any other means specified by the foreign (out-of-state) limited liability company has designated for the purpose of service of process.

Electronic Signature

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the out-of-state LLC.

Anna Wiggins	02/21/2025
Signature	Date

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

## **Coastal Behavioral Home Health, LLC**

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 20, 2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001618253**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of February, 2025 at 2:52 PM. This certificate is assigned ID Number 082110719.



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Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.