M20000003164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2020

T. LETELLIER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGAPE HOMES, 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:

Patsy D. Jenkins
Name of Person

AGAPE HOMES, LLC
Firm/Company

4926 NW 52 Avenue
Address

Coconut Creek, FL 33073
City/State and Zip Code

[redacted] Patty@agapehomellc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patsy D. Jenkins at (954) 410-8977
Name of Contact Person — Area Code — Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

February 20, 2020

PATSY D. JENKINS
4926 NW 52 AVE
COCONUT CREEK, FL 33073

SUBJECT: AGAPE HOMES, LLC
Ref. Number: W20000018235

We have received your document for AGAPE HOMES, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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: 820A00003833

RECEIVED
MAR 20 2020

**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. AGAPE HOMES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Agape Home Solutions, 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 4926 NW 52 Avenue
(Street Address of Principal Office)
Coconut Creek, FL 33073

6. 4926 NW 52 Avenue
(Mailing Address)
Coconut Creek, FL 33073

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

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

FILED
2021 MAR 20 P 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.***

Bill Hamm
(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: | Title or Capacity: | Name and Address: |
|---|---|---|---|
| ☑ Manager | Name: Patsy D. Jenkins | ☑ Manager | Name: Aaron J. Jenkins |
| ☐ Member | Address: 4926 NW 52 Avenue | ☐ Member | Address: 4926 NW 52 Avenue |
| ☐ Authorized | Coconut Creek, FL 33073 | ☐ Authorized | Coconut Creek, FL 33073 |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☑ Manager | Name: Christopher T. Jenkins | ☑ Manager | Name: Melissa J. Jenkins |
| ☐ Member | Address: 4926 NW 52 Avenue | ☐ Member | Address: 4926 NW 52 Avenue |
| ☐ Authorized | Coconut Creek, FL 33073 | ☐ Authorized | Coconut Creek, FL 33073 |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ Authorized | | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ 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.

Signature of an authorized person

Patsy D. Jenkins

Typed or printed name of signee

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AGAPE HOMES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/10/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200124532593
You may verify this certificate online at http://www.nvsos.gov