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(Address)

(Address)

(City/State/Zip/Phone #)

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2022 MAY 20 PM 12:33

S. FRANKLIN

MAY 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVING LEGACY ELDER SERVICES, INC

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

LATRESHA BROWN

Name of Person

Living Legacy Elder Services, Inc

Firm/Company

7901 4TH ST N

STE 300

Address

PETERSBURG, FL. 33702

City/State and Zip Code

latreshabrown@hotmail.com

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

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For further information concerning this matter, please call:

LATRESHA BROWN

Name of Person

267

Area Code

2821418

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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. LIVING LEGACY ELDER SERVICES, INC

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/07/17 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

6. HAVE NOT STARTED BUSINESS IN FLORIDA

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1540 INTERNATIONAL PKWY STE 2000 LAKE MARY, FL. 32746
(Principal office street address)

SAME
(Current mailing address, if different)

8. To serve older adults by bringing awareness to living care options and services available to older adults and caregivers.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: LATRESHA BROWN

Office Address: 7901 4th St N STE 300
ST. PETERSBURG, Florida 33702
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12 For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]

A. DIRECTORS

☒ Chairman Name Latresha Brown

☐ Vice Chairman Address 7909 Cedarbrook me

☐ Director Phila., PA. 19150

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name PATRICK COKE

☐ Vice Chairman Address 5443 NW Edgewater

☒ Director PORT ST. LUCIE 34983

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name DAVID BRIZAN

☐ Vice Chairman Address 7909 Cedarbrook me

☒ Director Phila. PA. 19150

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Jane Porter

☐ Vice Chairman Address 7909 Cedarbrook me

☒ Director Phila., PA. 19150

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

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NOTE 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.

13 _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14 Latresha Brown
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/12/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Living Legacy Elder Services

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

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Certification Number: TSC220412193037-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>