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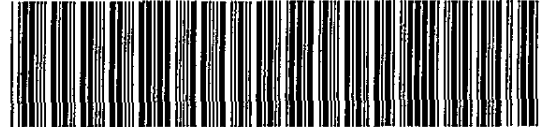
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HOME THERAPY, LLC

PAINTING & RENOVATION

LETTER OF TRANSMITTAL

TO: FLORIDA DIVISION OF CORPORATIONS, REGISTRATION SECTION
FROM: HOME THERAPY, LLC
SUBJECT: APPLICATION BY FOREIGN LLC FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
DATE: 5/12/2004

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

ATTACHMENTS:

- 1) Application by Foreign LLC for Authorization to Transact Business in Florida
- 2) Certificate of Designation of Registered Agent/ Registered Office
- 3) Certificate of Existence
- 4) Check made payable to Florida Department of State

MEMO ATTACHED:

Home Therapy, LLC is a renovation/restoration company seeking to establish a business entity in the state of Florida. We have attached the application, certificate of existence, along with a check in the amount of \$160.00 for all registration fees. Please review our information and we look forward to your response. All contact information for our company is listed at the bottom of this letter of transmittal. Thank you.

Heather Deatherage, Manager

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Home Therapy, LLC
(Name of foreign limited liability company)
2. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 56-2240425
(FEI number, if applicable)
4. March 5th, 2001
(Date of Organization)
5. December 31st, 2051
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 9131 Meadow Vista Rd.
Charlotte, NC 28213
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

| | |
|------------------------------|------------------------------|
| <u>Justin Deatherage</u> | <u>Heather Deatherage</u> |
| <u>9131 Meadow Vista Rd.</u> | <u>9131 Meadow Vista Rd.</u> |
| <u>Charlotte, NC 28213</u> | <u>Charlotte, NC 28213</u> |

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Renovation, restoration of residential or commercial building structure

Heather Deatherage

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Heather Deatherage

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Home Therapy, LLC

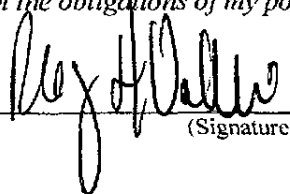
2. The name and the Florida street address of the registered agent and office are:

ROGER VAN WIE
(Name)

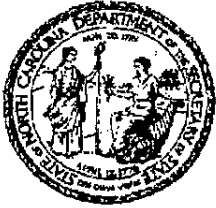
34 FLORAL AVE.
Florida street address (P.O. Box **NOT** ACCEPTABLE)

KEY WEST FL 33040
(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Signature)

| | |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application |
| \$ 25.00 | Designation of Registered Agent |
| \$ 30.00 | Certified Copy (optional) |
| \$ 5.00 | Certificate of Status (optional) |



State of North Carolina

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

HOME THERAPY, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 5th day of March, 2001, with its period of duration being 12/31/2051.

I **FURTHER** certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 3rd day of May, 2004.

Elaine F. Marshall

Secretary of State