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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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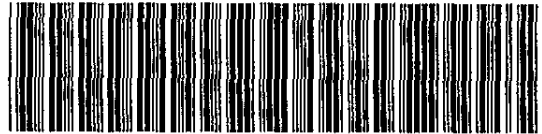
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
06 MAY 11 PM 4:56

W06-15383
J. BRYAN MAR 30 2006

J. BRYAN MAY 12 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Living Will Awareness 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:

Barbara Vydro
(Name of Person)
Living Will Awareness LLC
(Firm/Company)
18 Henderson Street
(Address)
Passaic, New Jersey 07055
(City/State and Zip Code)

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For further information concerning this matter, please call:

Barbara Vydro at (973) 748-0131
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Enclosed is a check for the following amount:

☐ \$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

March 30, 2006

BARBARA VYDRO
LIVING WILL AWARENESS LLC
18 HENDERSON STREET
PASSAIC, NJ 07055

SUBJECT: LIVING WILL AWARENESS LLC
Ref. Number: W06000015383

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We have received your document for LIVING WILL AWARENESS LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

We didn't receive the 1st page of application,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00021774



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2006

BARBARA VYDRO
LIVING WILL AWARENESS LLC
18 HENDERSON STREET
PASSAIC, NJ 07055

SUBJECT: LIVING WILL AWARENESS LLC
Ref. Number: W06000015383

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DIVISION OF CORPORATIONS
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We have received your document for LIVING WILL AWARENESS 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 document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00027475

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. Living Will Awareness LLC
(Name of Foreign Limited Liability Company)

2. New Jersey Division of Revenue 3. 30-3081630
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07-05-2015 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 12/01/12
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 18 Henderson Street
Passaic, New Jersey 07055
(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:

Carolee Ellison, Mgr
6755 Kaleb Way
Lake Worth, Florida 33467 33467

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: The sale of a
plastic (credit card size) card identifying that the
person has a Living Will and 2-3 contacts who
have copies (see sample)

Barbara Video, President
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.)

Barbara Video
Typed or printed name of signer

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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:

Living Will Awareness LLC

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

Carolee Ellison
(Name)

6755 Kaleb Way
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Lake Worth, FL 33467
City/State/Zip

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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, Florida Statutes.

Carolee Ellison
(Signature)
Carolee Ellison

\$ 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 NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

LIVING WILL AWARENESS LLC
0600240156

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 20, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Barbara Vydro
18 Henderson Street
Passaic, NJ 07055*

Continued on next page . . .

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CLERK OF STATE
DIVISION OF CORPORATIONS

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

LIVING WILL AWARENESS LLC

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
17th day of March, 2006



Bradley Abelow

Bradley I. Abelow
State Treasurer

06 MAY 11 PM 4:56

SECRETARY OF STATE
DIVISION OF CORPORATIONS