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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	

Office Use Only



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12/18/09--01004--021 **125.00



T. HAMPTON

JAN 1 4 2010

EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

	•						
SUBJECT: FRESH START RECOVERY HOMES, LLC Name of Limited Liability Company							
		Name	of Limited Lia	bility Company			
					ransact Business in Florida, ty company to transact busing		
Please return all corr	espondence cor	cerning this matte	er to the follow	ing:			
		J	AMES A C	OLBURN			
			Name of F	erson			
		FRESH STA	ART RECO	/ERY HOMES,	LLC		
Firm/Company							
	379 CENTER AVE NW						
	Address						
	PORT CHARLOTTE, FL 33952						
		•	City/State and	Zip Code		•	
			ool379@co	mcast.net	!C - 4!		
	Ľ-	man address: (10	be used for full	ire annuai report not	incation)		
For further informati	on concerning t	his matter, please	call:				
	James A	Colburn	at (941)	979-9134		
	Name of	Person	Area Code &	& Daytime Telephon	e Number		
	ADDRESS: Corporations	Ī	STREET ADD Division of Con Registration Se	porations			
P.O. Box 63	327	•	Clifton Buildin	g			
Tallahassee	, FL 32314		2661 Executive Tallahassee, FL				
Enclosed is a che	ck for the fol	lowing amount	:				
√ \$125.00	Filing Fee	\$130.00 Filing I Certificate of S		55.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Co		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 JAN -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 21, 2009

JAMES A COLBURN 379 CENTER AVE NW PT CHARLOTTE, FL 33952

SUBJECT: FRESH START RECOVERY HOMES, LLC

Ref. Number: W09000055080

We have received your document for FRESH START RECOVERY 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in

Florida: "Limited Company," "L.C.," and "LC."

The document number of the name conflict is N08000001995 (FRESH START RECOVERY HOMES, INC) AND L09000031720 (FRESH START RECOVERY L.L.C.).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00038642



RECEIVED

10 JAN 13 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 11, 2010

JAMES A COLBURN 379 CENTER AVE NW PT CHARLOTTE, FL 33952

SUBJECT: FRESH START RECOVERY HOMES, LLC

Ref. Number: W09000055080

We have received your document for FRESH START RECOVERY HOMES, LLC and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 410A00000701

TO WHOM THIS MAY CONCERN!

3 mg 3 g 4

My NAME IS JAMES A. COLDWN, I AM
the Director / President OF FRESH START RECOVERY
Homes, INC. WE NEVER STARTED THE BUSINESS.
This letter is to RELEASE THE NAME to
FRESH START RECOVERY HOMES, LLC. So they
Way Conduct Business using this want.

Thank you.

Sincerly

Son A. Cole

JAMES A. COLBURN

DIRECTOR/PRESIDENT

(941) 979-9134

ATTACHED!.
15THE PAPERWORK Reguestied.



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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FRESH START RECOVERY HOMES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") FRESH START RECOVERY, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 12/07/2009 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 01/01/2010 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 379 CENTER AVE NW PORT CHARLOTTE, FL 33952 (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: JAMES A COLBURN 379 CENTER AVE PORT CHARLOTTE, FL 33952 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: RENTAL PROPERTY Signature of a prember 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.)

JAMES A COLBURN

Typed or printed name of signee

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:
FRESH START RECOVERY HOMES, LLC
If unavailable, the alternate to be used in the state of Florida is:
FRESH START RECOVERY
2. The name and the Florida street address of the registered agent and office are:
JAMES A COLBURN
(Name)
379 CENTER AVE NW
Florida Street Address (P.O. Box NOT ACCEPTABLE)
PORT CHARLOTTEFL 33952
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, Florida Statutes.



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



Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FRESH START RECOVERY HOMES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D.

2009.

4760750 8300

091139688

AUTHENTY CATION: 7725765

DATE: 12-28-09

You may verify this certificate online at corp.delaware.gov/authver.shtml