

M10000000421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

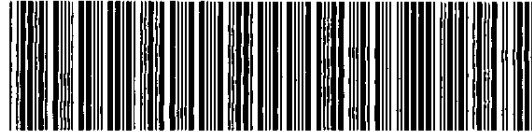
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**L. SELLERS**

FEB -1 2010

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**FILED**  
10 JAN 29 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Advanced Property Care, LLC  
File # 200604810164  
C/O David M. Scott, managing member  
7404 Laurels place  
Port saint Lucie Fl. 34986  
Ph. # 772-882-9494  
Fax # 772-882-9495  
1/27/2010

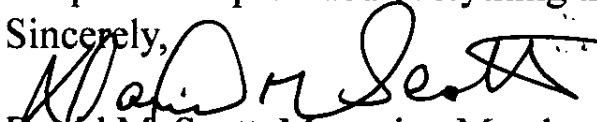
To: Florida dept. of State  
Division of Corporations.

Dear Sir/Madam,

Please accept this letter with my application for authorization to transact business in Florida. I am authorizing an alternate name in the event that the primary name is not available .  
Also attached is the certificate of status and a check in the amount of \$125.00

I hope I have provided everything that is needed.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Scott", is written over the typed name.

David M. Scott. Managing Member  
Advanced Property Care LLC.

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. ADVANCED PROPERTY CARE LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ADV. PROPERTY CARE, 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.")

2. CALIFORNIA 3. 200604810164  
(Jurisdiction under the law of which foreign limited liability company is organized) (FET number, if applicable)

4. 3/6/2006 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. NONE  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 7404 LAURELS PLACE PORT SAINT LUCIE FL. 34986  
(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:

DAVID M SCOTT MANAGING MEMBER  
7404 LAURELS PLACE  
PORT SAINT LUCIE FL. 34986

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: PROPERTY  
MANAGEMENT

David M Scott  
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.)

DAVID M SCOTT  
Typed or printed name of signee

FILED  
10 JAN 29 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

ADVANCED PROPERTY CARE LLC

If unavailable, the alternate to be used in the state of Florida is:

ADV. PROPERTY CARE LLC.

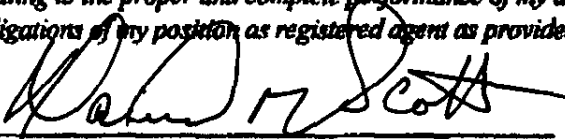
2. The name and the Florida street address of the registered agent and office are:

DAVID M SCOTT  
(Name)

7404 LAUREL PLACE  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

PORT SAINT LUCIE FL 34986  
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.*

  
(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 California Secretary of State

## CERTIFICATE OF STATUS

**ENTITY NAME:** ADVANCED PROPERTY CARE, LLC

**FILE NUMBER:** 200604810164  
**FORMATION DATE:** 02/14/2006  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 25, 2010.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

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