

M120000000006

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

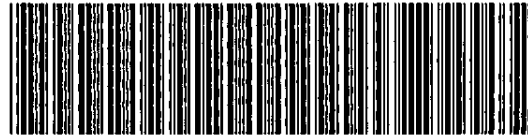
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/28/11--01037--008 \*\*130.00

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2011 DEC 30 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-59898

J. BRYAN

JAN - 8 2012

EXAMINER

# THE DORCEY LAW FIRM, PLC

*Joshua O. Dorcsey, Esq.*

*Estate Planning, Business Planning,  
Asset Protection & Litigation*

November 23, 2011

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2011 DEC 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

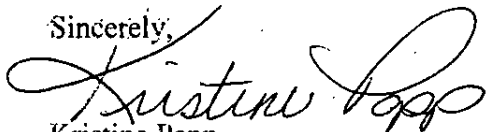
Re: HYELIFE LLC

To Whom It May Concern:

Please find attached the Cover Letter, Application By Foreign Limited Liability Company, Certificate of Designation of Registered Agent/Registered Office, Certificate of Organization, and a check for the above listed Limited Liability Company filing fees and Certificate of Status.

If you have any questions or concerns, please feel free to contact the office at the information provided at the bottom of this letter.

Sincerely,



Kristine Papp,  
Paralegal to Joshua O. Dorcsey, ESQ.

Enclosures: ck#: 1158

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HYLIFE 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:

JOSHUA O. DORCEY

Name of Person

THE DORCEY LAW FIRM

Firm/Company

10181 SIX MILE CYPRESS PKWY.; STE. C

Address

FORT MYERS, FLORIDA 33966

City/State and Zip Code

JOSH@DORCEYLAW.COM

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

For further information concerning this matter, please call:

JOSHUA O. DORCY

Name of Person

at ( 239 )

418-0169

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
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

**FILED**  
2011 DEC 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2011

KRISTINE PAPP, PARALEGAL  
DORCEY LAW FIRM, PLC  
10181 SIX MILE CYPRESS PKWY., SUITE C  
FORT MYERS, FL 33966

SUBJECT: HYLIFE OF SW FLORIDA LLC  
Ref. Number: W11000059898

FILED  
2011 DEC 30 AM 10:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your document for HYLIFE OF SW FLORIDA 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):

You must submit 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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  
Regulatory Specialist II

Letter Number: 811A00026729



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2011

KRISTINE PAPP, PARALEGAL  
DORCEY LAW FIRM, PLC  
10181 SIX MILE CYPRESS PKWY., SUITE C  
FORT MYERS, FL 33966

SUBJECT: HYLIFE OF SW FLORIDA LLC  
Ref. Number: W11000059898

FILED  
2011 DEC 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We can't use the certificate of organization

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  
Regulatory Specialist II

Letter Number: 311A00028364

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA

REF # W11000059898

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of Nylife, LLC  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Wyoming  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Nylife of SW Florida, LLC  
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: 12-6-11

Signature(s) of Manager(s) and/or Managing Member(s):

Marilyn R. Hodges  
Penny J. Hodges

FILED  
2011 DEC 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
14 DEC 16 AM 11:11  
DIVISION OF CORPORATIONS

**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. HYLIFE LLC

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

HYLIFE OF SW FLORIDA 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. WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. NOVEMBER 22, 2011

(Date of Organization)

5. \_\_\_\_\_

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

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

7. 28165 MEADOWLARK LANE

BONITA SPRINGS, FLORIDA 34134

(Street Address of Principal Office)

**FILED**  
2011 DEC 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

PERRY J. HODGES

MARILYN R. HODGES

28165 MEADOWLARK LANE

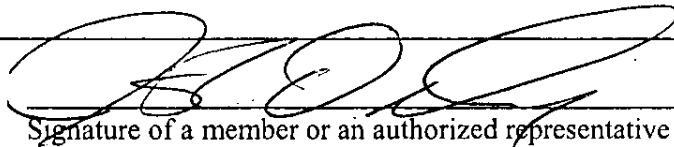
28165 MEADOWLARK LANE

BONITA SPRINGS, FLORIDA 34134

BONITA SPRINGS, FLORIDA 34134

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: ANY AND ALL LAWFUL PURPOSE



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOSHUA O. DORCEY

Typed or printed name of signer

**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:

HYLIFE LLC

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

HYLIFE OF SW FLORIDA LLC

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

THE DORCEY LAW FIRM PLC

(Name)

10181 SIX MILE CYPRESS PKWY.; STE C

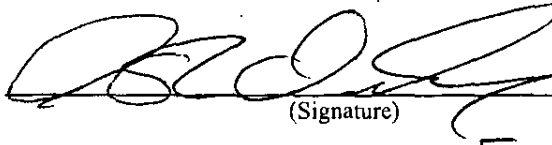
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

FORT MYERS

FL 33966

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)

**FILED**  
2011 DEC 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**STATE OF WYOMING**  
**Office of the Secretary of State**

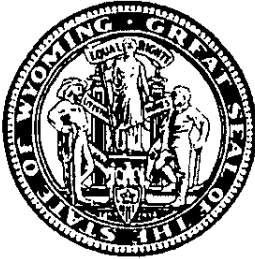
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

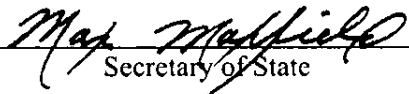
**HYLIFE, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 22, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000611862**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of December, 2011 at 9:11 AM. This certificate is assigned 011240314.



  
Secretary of State

**FILED**  
2011 DEC 30 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.