

#### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H140001945243)))



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Division of Corporations

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Account Name : CLARK, PARTINTON, HART, LARRY, BOND & STACKHOUSE, P.A.

Account Number : 120140000059 : (850)650-3304 Phone

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#### Foreign Limited Liability Company YOUCARING DOT COM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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K. SALY EXAMINER AUG 19 2014

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

FCT. YOUCARING DOT COM, LLC

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.

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

		•					
	Farrar .	l. Barker	•				
		<u></u> .	Na	me of Person	-	·	
	Clark, Partington, Hart, Larry, Bond & Stackhouse						
	Firm/Company						
	34990 Emerald Coast Pkwy, Ste 301						
			<u></u>	Address			
	Destin,	FL 3254	1				
		City/State and Zip Code					
	brooke@	brooke@everleylaw.com					
				for future annual repo	rt notifica	tion)	
For further inf	ormation concernin	g this matter, pleas	se call:				
Fa	rrar J. Ba	arker		850 s	650	-3304	
	Name o	f Contact Person		Area Code	Day	time Telephone Number	
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314		Division Registra Clifton 2661 By	TADDRESS: a of Corporations ation Section Building accutive Center Circ asee, PL 32301	ie		
Enclosed is	a check for the f	ollowing amou	mt:				
<b>□</b> \$1	25.00 Filing Fee	□ \$130.00 Filin Certificate of		■ \$155.00 Filing Certified Copy		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLO	
1. YOUCARING DOT COM, LLC (Name of Pereign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	" or "ILC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternat Liability Company," "L.L.C." or "LLC.")	te name must include "Limited
2. Delaware 3, 46-2661615	
(Jurisdiction under the law of which foreign limited liability (FBI number, if appearing is organized)	plicable)
4.	یہ
(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	20
<sub>5.</sub> 5914 N. Ola Avenue	THE T
Tampa, FL 33604	85 8 M
(Street Address of Principal Office)	mg & C
6. 5914 N. Ola Avenue	20 0
Tampa, FL 33604	ORIGINA MA
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are;
Brock Ketcher: Manager - 5914 N. Ola Avenue, Tampa,	FL 33604
	Land A. J. Landlan C. C.
8. Attached is an original certificate of existence, no more than 90 days old, duly autihaving custody of records in the jurisdiction under the law of which it is organized. (	
acceptable. If the certificate is in a foreign language, a translation of the certificate un	
must be submitted)	
Signature of an authorized person	
(in accordance with acction 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of pour aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pi	rejury that the facts stated herein are true, I roylded for in $x.817.155$ , $P_iS_i$ )
Brock Ketcher, Manager	
Typed or printed name of signee	<del></del>

## CERTIFICATE OF DESIGNATION OF H14000194524 3 REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Comp		2014
If unavailable	e, the alternate to be used in the	e state of Florida is:	NE 18 E
2. The name	and the Florida street address	of the registered agent and of	fice are:
	Corporation Ser	rvice Company	
	<del></del>	(Name)	<del></del>
	1201 Hays Stre	et	
	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FI	32301
		City/State/Zip	-
liability comp registered ag statutes relat	named as registered agent and pany at the place designated in the place designated in the tent and agree to act in this capeling to the proper and complete poligations of my position as registed.	this certificate, I hereby accep acity. I further agree to compi performance of my duties, and	t the appointment as ly with the provisions of ali l I am familiar with and
	(Sign	ature)	N
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered	l Agent

H140001945243

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YOUCARING DOT COM, 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 TRIRTIETH DAY OF JULY, A.D. 2014.

5576011

DATE: 07-30-14 H14000194524 3