# M15000003789

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HEART of Asheville 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:
TAMMY CISSELL Name of Person
1-leart of Asheville LLC Firm/Company
2380 SNOW HILL Rd
Chuluota, FC 32766 City/State and Zip Code
TAMMY Dheart of sheville, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMMY CISSELL at (401) 3/05-7050 Name of Contact Person 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:  \$\overline{\mathbb{L}}\$\$125.00 Filing Fee \text{\textsuperscript{130.00 Filing Fee & Certificate of Status}} \text{\textsuperscript{155.00 Filing Fee & Certified Copy}} \text{\textsuperscript{160.00 Filing Fee, Certified Copy}} \text{\textsuperscript{160.00 Filing Fee, Certified Copy}}



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2015

TAMMY CISSELL 2380 SNOW HILL RD CHULUOTA, FL 32766

SUBJECT: HEART OF ASHEVILLE LLC

Ref. Number: W15000027602

BURESO OF CONTRIBUTION OF

We have received your document for HEART OF ASHEVILLE 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 015A00007892

Division of Companytions D.O. DOV 6297 Mallaharma Elimida 2001

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. HEART of Ashpulle, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized)  3. 46-3306554 (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2380 SNOW HILL Rd
Cholodo, FL 32766 (Street Address of Principal Office)
6. 0380 SNOW HILL Rd
Chuluota, FL 32766 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Jammy Cissell - MGR
2380 SNOW HIN Rd
Chuluota, FL 32766
8. 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)
Signature of an authorized person
Sighature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
TAMMY CISSELL  Typed or printed name of signee
Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF 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.

1. The name of the Limited Liability Company is:		
LIEART of Asheville LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	15 HAY	-
TAMMY CISSELL (Name)		######################################
	PH I	e e e e e e e e e e e e e e e e e e e
Florida Street Address (P.O. Box NOT ACCEPTABLE)	H I: 58 FLORIDA	المئتا شنط
Choloota FL 32766		
City/State/Zip	<del></del>	

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 605, Florida Statutes.

Jameny Casell (Signature)

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



## NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **HEART OF ASHEVILLE LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of July, 2013, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of March, 2015.

Elaine I. Marshall

Secretary of State