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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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15 JUN 10 AM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 15 2015

W PAINTER

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Good Works Recovery, 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:

Charles Adams

\_\_\_\_\_  
Name of Person

Good Works Recovery, LLC

\_\_\_\_\_  
Firm/Company

1853 William Penn Way

\_\_\_\_\_  
Address

Lancaster, PA 17601

\_\_\_\_\_  
City/State and Zip Code

charles@goodworksrecovery@gmail.com

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

For further information concerning this matter, please call:

Charles Adams

717

3306558

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Good Works Recovery, 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. Commonwealth of Pennsylvania 3. 90-1027075  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 9, 2014  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 914 L A Kirksey Street  
West Palm Beach, FL 33401  
(Street Address of Principal Office)

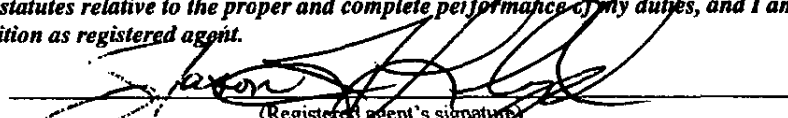
6. 1853 William Penn Way  
Lancaster, PA 17601  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jason J. Lloyd  
Office Address: 914 L A Kirksey Street  
West Palm Beach, Florida 33401  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

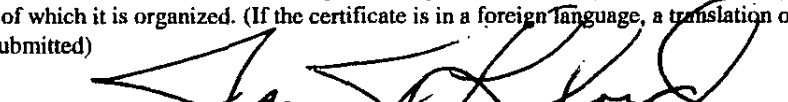
  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jason J. Lloyd, Owner/Director of Operations - 914 L A Kirksey, West Palm Beach, FL 33401

Charles Adams, Owner/C.E.O. - 1853 William Penn Way, Lancaster, PA 17601

9. Attached is a 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. (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

(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. 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.)

Jason J. Lloyd  
Typed or printed name of signee

FILED  
15 JUN 10 AM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE**

**JUNE 9, 2015**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**Good Works Recovery, LLC**

**is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.**

**I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.**

**FILED**  
**15 JUN 10 AM 5:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.**

*Pedro A. Contes*

**Secretary of the Commonwealth**