

M/6000002572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

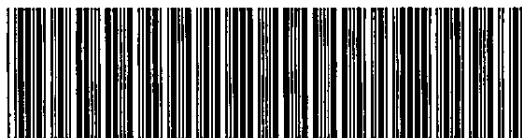
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/25/16--01013--012 **130.00

FILED
2016 MAR 28 PM 1:48
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

K. SALLY
EXAMINER

MAR 29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAR 28 AM 11:49

February 29, 2016

GERALD FISH
GOOD LIFE RESTORATIONS, LLC
P.O. BOX 589
STANLEY, NY 14561

SUBJECT: GOOD LIFE RESTORATIONS, LLC
Ref. Number: W16000014875

We have received your document for GOOD LIFE RESTORATIONS, 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):

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00004179

GOOD LIFE RESTORATIONS, LLC

PO Box 589, Stanley, NY 14561

GLRestoreLLC@gmail.com

585-337-0820

March 23, 2016

Good Life Restorations, LLC
Gerald E. Fish, Member
3778 Old Mill Road
Stanley, NY 14561

Florida Department of State
Division of Corporations
Attn: Karen Saly
PO Box 6327
Tallahassee, FL 32314

Greetings, Karen:

Enclosed is the New York State Certificate of Existence required for our foreign LLC registration we discussed today on the phone.

If you require any other information from us for this transaction, please do not hesitate to contact us using the information above.

Thank you for your assistance!

Best Regards,

A handwritten signature in black ink, appearing to read "Gerald E. Fish", with a stylized flourish at the end.

Gerald E. Fish, Member
Good Life Restorations, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Good Life Restorations, 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:

Gerald Fish

Name of Person

Good Life Restorations, LLC

Firm/Company

PO Box 589

Address

Stanley, NY 14561

City/State and Zip Code

GLRestoreLLC@gmail.com

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

For further information concerning this matter, please call:

Gerald Fish

585

337-0820

at ()

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:

☐ \$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 Life Restorations, 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. New York State 3. 47-2962498
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 1, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3778 Old Mill Rd
Stanley, NY 14561
(Street Address of Principal Office)

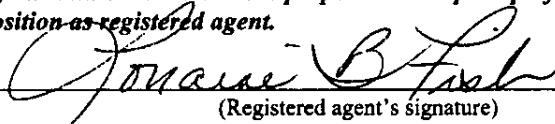
6. PO Box 589
Stanley, NY 14561
(Mailing Address)

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

Name: Lorraine Fish
Office Address: 6606 Scenic Pointe Dr.
Winter Haven, FL, Florida 33884
(City) (Zip code)

Registered agent's acceptance:

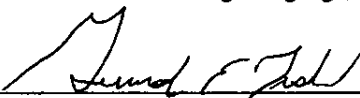
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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:

Gerald E. Fish, Member, Good Life Restorations, LLC
3778 Old Mill Rd
Stanley, NY 14561

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Gerald E. Fish
Typed or printed name of signee

FILED
2016 MAR 28 PM 1:48
STATE DEPT OF STATE
TALLAHASSEE, FL 32399

State of New York
Department of State } ss:

I hereby certify, that GOOD LIFE RESTORATIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/18/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2016 MAR 28 PM 1:48
DEPT. OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of March two
thousand and sixteen.

Anthony Scardino

Executive Deputy Secretary of State