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. (Re	equestor's Name)				
(Ad	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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JUN 23 2013 D.BRUCE

COVER LETTER

TO:		ration Section n of Corporation	s					
SUBJE	CCT:	1755 Golden Ll	LC					
00,00	.c.r	Name of Limited Liability Company						
The en Exister	closed "A ice, and c	application by For heck are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza	ntion to Tran ted liability	nsact Busines company to	ss in Florida," Cer transact business	rtificate o in Florida
Please	return all	correspondence c	oncerning this matter to the	following:				
		Joyce Plourde						
			Na	ame of Person				
		1755 Golden LLC						
			Fi	nn/Company	······			
	6511 Nova Drive STE 168							
				Address	•			
	Davie FL 33317							
			City/St	ate and Zip Code			200	-
		City/State and Zip Code goldencare44@gmail.com E-mail address: (to be used for future annual report notification)						parate parate
For fur	ther infor	mation concerning	E-mail address: (to be used this matter, please call:	for future annual	report noti	fication)	22 P	
		inne Wood	, ,	954 at (367-459	97	1: 2 FLOR	O
		Name of	Contact Person	Area Code	Dayt	ime Telepho		
	Division Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		ns	
Enclose		eck for the followi .00 Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &		Filing Fee, Certifi Certified Copy	icate

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:

		ting business in Florida. The alternate name must include "Li	mited
Liability Company," "L.L.C,	," or "LLC.")		
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	_
company is organized) 1. N/A			
1.	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	a, if prior to registration.) to determine penalty liability)	
5. 1755 18th Street	(Door seemons over more over over over over over over over o	, account formally mounty,	
Sarasota Florida 34234			
Barasota Florida 5 725 ((Street Address of Principal C	ffice)	
5. 6511 Nova Drive Suite	168	ffice)	[] ;;==:
Davie Florida 33317		72	
-	(Mailing Address)	22 [
7. Name and street address	ss of Florida registered agent: (P.O. Box 1	(O Lacceptable)	O
Name:	Joyce Plourde	1:22	
Office Address:	1755 18th Street		
	Sarasota	, Florida <u>34234</u>	
	(City)	(Zip code)	
lesignated in this applica o complywith the provision	tion, I hereby accept the appointment as i	cess for the above stated limited liability company at the egistered agent and agree to act in this capacity. I furt d complete performance of my duties, and I am familia	her agree
	(Registered agent	s signature)	
8. The name, title or capa	ncity and address of the person(s) who has/	nave authority to manage is/are:	
Title: Manager	Senior Care 101 LLC		
	6511 Nova Drive Suite 168		
	Davie Florida 33317		
	of which it is organized, (If the certificate i	y authenticated by the official having custody of records in a foreign language, a translation of the certificate un	
This document is	V		
), Florida Statutes. I am aware that any false information degree felony as provided for in s.817.155, F.S.	l

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "1755 GOLDEN, 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 FIFTEENTH DAY OF JUNE, A.D. 2016.

at corn delaware gov/au

Authentication: 202498296

Date: 06-15-16