## MILOCOD992

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
OUDE	POSITIVELY BIRTH	,LLC				
SUBJ	EC1:	Name of L	imited Liability Compa	any		
				o Transact Business in Florida," ability company to transact busin		
Please	return all correspondence co	ncerning this matter to the f	ollowing:			
	Michelle Nacy					
	<del></del>	Na	me of Person			
	Positively Birth,	UC				
Firm/Company						
	5784 Urdea Road	ı				
			Address			
	Jupiter, FL33458	3				
		City/St	ate and Zip Code			
	michelle.nacy@gn	nail.com				
		E-mail address: (to be used	for future annual repor	rt notification)		
For fu	rther information concerning	this matter, please call:				
	Michelle Nacy		561 56	58-5828		
	Name of	Contact Person	Area Code	Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divi Reg Clift 266	REET ADDRESS: ision of Corporations pistration Section from Building 1 Executive Center Circle lahassee, FL 32301		
Enclos	sed is a check for the followin  ☐ \$125.00 Filing Fee	ng amount:  \$\precip\$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee Certified Copy	e & \$\Bigcup \$160.00 Filing Fee, Co of Status & Certified Cop		

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

IN COMPHANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

POSTTIVELY BIRTH,	IC					
(Name of Force	ign Limited Liability Comp	pany: must include "Limited	Liability Company," "L.L.C.," or	'LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C," NEVADA 2. (Jurisdiction under the law company is organized)	or "LLC.")	••	ness in Florida. The alternate nam		Limite	d
4	(Date first transact	ed business in Florida, if prio 14 & 605,0905, F.S. to detern	r to registration.)	-		
5784 Urdea Road	(See sections 605,090	04 & 605,0905, F.S. to detern	nine pēnalty liability)			
Jupiter, FL 33458				en er	<del>-</del>	
5784 Urdea Road 6.	(Street Ad	dress of Principal Office)			330 S	
Jupiter, FL 33458	<del></del>				:12	
	(	Mailing Address)		jag	25	m
7. Name and street addres  Name:	s of Florida registered ag Michelle T. Nacy	gent: (P.O. Box NOT acc	eptable)	TOPE	1 2: 25	
Office Address:	5784 Urdea Road			<u> </u>		
S	Jupiter		, Florida	_		
designated in this applica	tance: gistered agent and to ac tion, I hereby accept the ons of all statutes relativ	appointment as registere	(Zip code)  the above stated limited liabil d agent and agree to act in thi lete performance of my duties,	s capacity. I f	urthe	agree
8. The name, title or capa Michelle T. Nacy, Manage		erson(s) who has/have autiter, FL 33458	hority to manage is/are:			
	of which it is organized.  ibmitted)		nticated by the official having of reign language, a translation of			
			da Statutes. I am aware that any felony as provided for in s.817.		tion	

Typed or printed name of signee

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **POSITIVELY BIRTH, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 22, 2010, and is in good standing in this state.

SEN OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 6, 2016.

Balkara K. Cagasske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20161206-2655
You may verify this electronic certificate
online at http://www.nvsos.gov/