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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAR 15 2017  
J. HARRIS

6111 CTM

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SAFE LIVING SOLUTIONS 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:

VERNON MARTELL JR

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

SAFE LIVING SOLUTIONS LLC

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

2209 EASTCHESTER DR SUITE 109

\_\_\_\_\_  
Address

HIGH POINT NC 27265

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

VERN@SAFELIVINGSOLUTIONSLLC.COM

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

For further information concerning this matter, please call:

VERNON MARTELL

336  
at ( )

653-5068

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2017

VERNON MARTELL JR  
2209 EASTCHESTER DR SUITE 109  
HIGH POINT, NC 27265

SUBJECT: SAFE LIVING SOLUTIONS, LLC  
Ref. Number: W17000017194

We have received your document for SAFE LIVING SOLUTIONS, 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):

The registered agent must sign accepting the designation.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 117A00003851

RECEIVED  
2017 MAR 13 AM 11:59  
TALLAHASSEE, FLORIDA

FILED  
2017 MAR 13 AM 11:20  
TALLAHASSEE, FLORIDA

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. SAFE LIVING SOLUTIONS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NORTH CAROLINA

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 46-0584679

(FEI number, if applicable)

4. FEBRUARY 1, 2017

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

5. 1201 HAYS STREET

TALLAHASSEE, FL 32301

(Street Address of Principal Office)

6. PO BOX 16332

HIGH POINT NC 27261

(Mailing Address)

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301-2525

(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.

*Melissa G. Hostyewski, ASSISTANT*  
(Registered agent's signature)

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

VERNON MARTELL JR, MEMBER, 1826 CASTLE GATE CT, HIGH POINT NC 27265

SUSAN MARTELL, MEMBER, 1826 CASTLE GATE CT, HIGH POINT NC 27265

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)

*Vernon Martell Jr.*  
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.

VERNON MARTELL

Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAR 13 AM 11:20



# 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

#### SAFE LIVING SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 18th day of October, 2012, 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 7th day of February, 2017.

*Elaine F. Marshall*

Secretary of State