

MI7000007112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

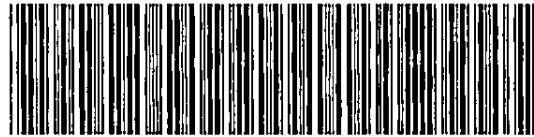
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100302158661

08/15/17--01004--023 **125.00

FILED
2017 AUG 15 PM 4:26
CLERK OF STATE
TALLAHASSEE, FL 32301

K. SALY
AUG 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soba Living Billing 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:

Audrey Graham
Name of Person

Soba Living Billing Solutions LLC
Firm/Company

23440 Civic Center Way, Ste. 102
Address

Malibu, CA 90265
City/State and Zip Code

Audreyg@sobarecovery.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Graham at (310) 457-5250
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. Suber Living, Building 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. Cal. Formers 3. 46 - HASTINGS
(Jurisdiction under the law of which foreign limited liability company is organized) (If 1 number is applicable)

4. _____
(Date first transacted business in Florida; if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 23490 Civic Center Way, Ste 100 6. 23490 Civic Center Way, Ste 100
(Street Address of Principal Office) (Mailing Address)
Makaha, CA 90723 Makaha, CA 90723

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

Name: United States Corporation Agents, Inc.
Office Address: 13302 Winding Oak Court, Ste A
Tampa, Florida 33612
(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.

Cheyenne Moseley
Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.
(Registered agent's signature)

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

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---|--------------------|-------------------|
| <u>CEO</u> | <u>Gregory W. Hambley</u> <u>United States Corporation Agents, Inc.</u> <u>Makaha, CA 90723</u> | | |
| | | | |
| | | | |
| | | | |

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0201 (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.

Gregory W. Hambley
Signature of an authorized person

Gregory W. Hambley
Typed or printed name of signer

FILED
2017 AUG 15 PM 4:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

State of California

Secretary of State

CERTIFICATE OF STATUS

FILED
2017 AUG 15 PM 4:26
ALEX PADILLA, SECRETARY OF STATE
HALLMARKS, FLORIDA

ENTITY NAME: SOBA LIVING BILLING SOLUTIONS LLC

FILE NUMBER: 201228310020
FORMATION DATE: 10/01/2012
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 11, 2017.

ALEX PADILLA
Secretary of State