

COVER LETTER

2

TO: Registration Section
Division of Corporations

SUBJECT: US LIFESTYLES 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:

Sandra Guion

Name of Person

Americare Group

Firm/Company

9114 Technology Lane

Address

Fishers, IN 46038

City/State and Zip Code

sguion@bvmmanagement.com

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

For further information concerning this matter, please call:

Sandra Guion

317

806-6775

Name of Contact Person

at ()

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

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

2018 JAN - 8 P 3:08

FILED

**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. US LIFESTYLES, 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. INDIANA 3. 20-8423901
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. January 14, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 9114 Technology Lane 6. same
(Street Address of Principal Office) (Mailing Address)
Fishers, IN 46038

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

Name: Scott Bonavita

Office Address: 13902 North Dale Mabry Hwy, Suite 203
Tampa, Florida 33618
(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.

Scott Bonavita

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>
<u>President</u>	<u>John Bartle</u> <u>PO Box 501188</u> <u>Indianapolis, IN 46250</u>	

FILED
JAN - 8 P 3: 08
TAMPA
CLERK OF DISTRICT COURT
FLORIDA

Use attachments if necessary)

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 the translator must be submitted)

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.

John Bartle
Signature of an authorized person
John Bartle
Typed or printed name of signer

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

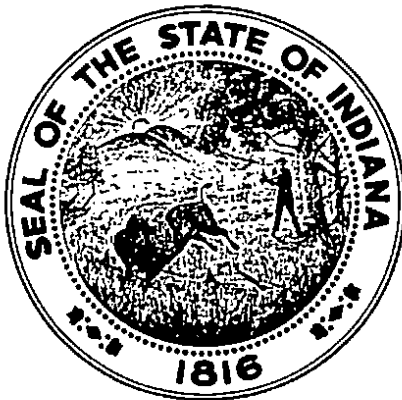
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

U.S. LIFESTYLES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 17, 1995, and was in existence or authorized to transact business in the State of Indiana on January 05, 2018.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 05, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995012010 / 2018491012

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

FILED
2018 JAN - 8
ALLAHASSE
FLORIDA