

M18000002195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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18 FEB 28 AM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 26, 2018  
Subject: Mountain Medicine Holistic Health LLC

Ref number: W18000010883

Letter number: 518A 00002222

Attention: Octavia L. Simmons

Dear Ms. Simmons,

Please find enclosed a Certificate of Existence issued by the West Virginia Sec'y of State. Please be advised that they do not issue colored, embossed, or stamped certificates. This is it. We hope it meets your requirement. Thank you for your help. Please contact me if necessary. 304-203-4493 or [essyoung@gmail.com](mailto:essyoung@gmail.com)

Sincerely,  
D.L. Susan Young.

P.S. - I am moving, unpacking, and don't have electronics set up yet. Darn mother!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOUNTAIN MEDICINE HOLISTIC HEALTH 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:

SUSAN YOUNG

Name of Person

MOUNTAIN MEDICINE HOLISTIC HEALTH LLC

Firm/Company

2480 45<sup>th</sup> Avenue

Address

VERO BEACH FL 32966

City/State and Zip Code

essyoung@gmail.com

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

For further information concerning this matter, please call:

SUSAN YOUNG

Name of Contact Person

at (304) 203-4493

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. MOUNTAIN MEDICINE HOLISTIC HEALTH 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. West Virginia 3. 47-1460707  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1345 36<sup>th</sup> ST SUITE B 6. 2480 45<sup>th</sup> AVE  
(Street Address of Principal Office) (Mailing Address)  
VERO BEACH FL 32960 VERO BEACH FL 32966

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

Name: Dr. SUSAN YOUNG  
Office Address: 2480 45<sup>th</sup> AVE  
VERO BEACH, Florida 32966  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Dr. Susan Young  
(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>OWNER</u>	<u>Dr. Susan Young</u> <u>2480 45<sup>th</sup> AVE</u> <u>VERO BEACH FL 32966</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 605.0203 (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.

Susan Young  
(Signature of an authorized person)  
SUSAN YOUNG  
(Typed or printed name of signer)

# State of West Virginia



## Certificate

*I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that*

**MOUNTAIN MEDICINE HOLISTIC HEALTH LLC**

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on August 04, 2014. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

## CERTIFICATE OF EXISTENCE

Validation ID:3WV4J\_4PFP3



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of*

*February 23, 2018*

*Mac Warner*

*Secretary of State*