

M18000010460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

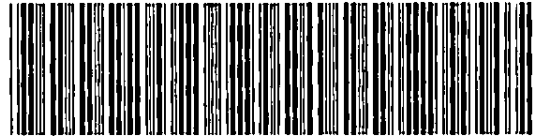
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDRESS PER CONVERSATION
WITH ELAINE CRALEY

W18-70554 11/26/2018 KS
Failed 00623

Office Use Only



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05/30/18--01019--016 **125.00

FILED
18 NOV -6 PM 3:50
ST. CLAIR COUNTY, FLORIDA
TALLAHASSEE

K. SALY

NOV 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2018

ELAINE CRALEY
700 WINDRUSH DR PO BOX 71
DALLASTOWN, PA 17313

SUBJECT: GRACEFUL LIVING APARTMENTS LLC
Ref. Number: W18000052473

*Returning
for approval*

We have received your document for GRACEFUL LIVING APARTMENTS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 218A00011673

2018 JUN 7 PM 12:59

DEPT OF STA
CORPORATION
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2018

ELAINE CRALEY
700 WINDRUSH DR PO BOX 71
DALLASTOWN, PA 17313

SUBJECT: GRACEFUL LIVING APARTMENTS LLC
Ref. Number: W18000070554

We have received your document for GRACEFUL LIVING APARTMENTS 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):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 318A00015957

2018 NOV -6 PM 12:58

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Graceful Living Apartments 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:

Elaine Craley

Name of Person

Firm/Company

700 Windrush Drive, PO Box 71

Address

Dallastown, PA 17313

City/State and Zip Code

elaine14gla@gmail.com

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

For further information concerning this matter, please call:

Elaine Craley

at (717)

309-7889

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. Graceful Living Apartments LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC")
Apartment by Graceful Living 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. Pennsylvania 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 39 E PHILADELPHIA ST 6. Elaine Craley
(Street Address of Principal Office) (Mailing Address)
YORK, PA 17401 PO Box 71
Dallastown, PA 17313

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

Name: Hall & Runnels, P.A.
Office Address: 4399 Commons Drive East, Suite 300
Destin, Florida 32541
(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.

(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>Name and Address:</u>
<u>Owner</u>	<u>Elaine Craley</u>		
	<u>PO Box 71</u>		
	<u>Dallastown, PA 17313</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.

Elaine Craley
Signature of an authorized person
ELAINE CRALEY
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/06/2018

FILED
18 NOV -6 PM 3:55
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Graceful Living Apartments LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180706120878-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>