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**COVER LETTER**

**TO:**     **Registration Section**  
          **Division of Corporations**

**SUBJECT:**   Good Life at Home Care, 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:

Todd V. Mackey

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

Mackey Law Firm

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

3160 S. Falkenburg Road

\_\_\_\_\_  
Address

Riverview FL 33578

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

todd@mackeylawfirm.com

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

For further information concerning this matter, please call:

Todd Mackey

at ( 813 ) 849 0065

\_\_\_\_\_  
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. Good Life at Home Care, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Oregon  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2107192  
(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. 1744 E MCANDREWS ROAD SUITE I  
(Street Address of Principal Office)
6. \_\_\_\_\_  
(Mailing Address)
- MEDFORD OR 97504
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Attorney Todd Mackey

Office Address: 3160 S. Falkenburg Road

Riverview, Florida 33578  
(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.

Todd Mackey  
(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:

Member

MICHAEL J COBB JR

1744 E MCANDREWS ROAD SUITE I

MEDFORD OR 97504

Member

MICHAEL J COBB SR

1744 E MCANDREWS ROAD SUITE I

MEDFORD OR 97504

Member

CHERYL J COBB

1744 E MCANDREWS ROAD SUITE I

MEDFORD OR 97504

(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.



Signature of an authorized person

Todd V. Mackey

Typed or printed name of signer

# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE  
Corporation Division*

## **Certificate of Existence 993K275M5**

*I, DENNIS RICHARDSON, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:*

**GOOD LIFE AT HOME CARE, LLC**

*is*

**Organized**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in cursive script, reading "Dennis Richardson".

**DENNIS RICHARDSON, SECRETARY OF STATE**

**11/7/2018**