

M19000003686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

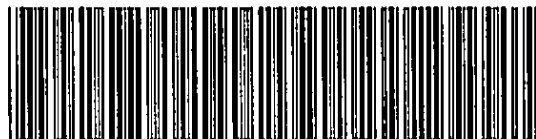
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19-32351

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

B. BRUCE  
APR 11 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2019

CAROLE WILCOCK  
7901 4TH ST N  
ST. PETERSBURG, FL 33702

SUBJECT: A LASTING GLANCE LLC  
Ref. Number: W19000032351

We have received your document for A LASTING GLANCE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 419A00006348

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Lasting Glnce 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:

CAROLE WILCOCK  
Name of Person

A Lasting Glnce...  
Firm/Company

7901 4th St N, St. Petersburg, Florida 33702  
Address

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

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

For further information concerning this matter, please call:

Carole Wilcock at (727) 685-6153  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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 STATE  
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 88002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

A LASTING CLANCE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(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 "LLP")

Secretary of State Georgia

82-4479077

(For information only: the law of each foreign country having authority to incorporate)

NONE

(Enter the registered business in Florida, if any, or registered office address in Florida, if none; must include "Registered Office," "P.O. Box," or "Commercial Mailbox")

1577 Lowery Road

(Enter Address of Foreign Office)

7901 4th St N

(Enter Address)

MORGANTON

St Petersburg

Georgia 30560

Florida 33702

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

Name:

BU HAYRE

Office Address:

7901 4th St N

St Petersburg 33702

Registered agent's acceptance:

I hereby accept as registered agent and to accept service of process for the above named foreign limited liability company in the state of Florida, and to comply with the provisions of all statutes relating to the proper and complete performance of my duties and to indemnify and accept the obligation of my position as registered agent.

BU HAYRE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: CAROLE WILCOCK

☒ Member Address: 7901 4th St North

☐ Authorized St. Petersburg

Person FL 33702

☐ Other ☐ Other

Title or Capacity: Name and Address:

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Carole Wilcock Carole Wilcock 4/8/19  
Signature of an authorized person  
Carole Wilcock Carole Wilcock  
Printed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**A Lasting Glance LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16861172  
Date Inc/Auth/Filed: 01/10/2018  
Jurisdiction : Georgia  
Print Date : 03/13/2019  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State