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SECRETARY OF STATE



#### **COVER LETTER**

TO:		ration Section on of Corporations						
SURJE		areALot Homes LLC						
JOIAI		Name of Limited Liability Company						
The end Existen	closed.".	Application by Foreign Limite check are submitted to register	ed Liability Company r the above reference	for Authoriza d foreign limi	ation to Transact Busine ited liability company to	ess in Florida," Co transact business	ertificate of in Florida.	
Please	return al	l correspondence concerning t	this matter to the follo	owing:				
		LaDawn Rivera						
			Name	of Person	· · · -	<del></del>		
		CareALot Homes LLC						
			Firm/0	Company				
		7206 Hammet Rd						
SUBJECT The enclos Existence, Please retu					2011 SE			
		Tampa FL 33647				LAHA CKET	$\Box$	
		Lrivera@beehivehomes.com	•	and Zip Code		(T)		
For fur	ther info	E-mail ad	dress: (to be used for	future annua	l report notification)	PH 4: 15	O	
	LaDa	wn Rivera	at	801	830-5431			
		Name of Contact P		Area Code	Daytime Telepho	one Number		
	Divisi Regist P.O. E	and ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314			STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		
	Please			\$155.00	) Filing Fee & S	160.00 Filing Fee f Status & Certific		

## 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:

CareALot Homes LLC							
(Name of Foreign I	imited Liability Company; must include "Limite	d Liability	Company," "E.L.C.," o	r "LLC.")			
name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rida. The alt	emate name must include "l	Limited Liability Compa	ny," "L.L.	C," or "LEC."	)
Utah		3					
(Jurisdiction under the law of wh	ich foreign lunted liability company is organized)	J.		(FEI number, if applica	ible)		
	(Day Server and by many in Ulyside if provide	remstration					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty l	iability)	<del>_</del> 1	~		,
4965 S 3500 W			7206 Hammet Rd	SEC:	2019.		•
(Sireet Address of P	rincipal Office)		(N	failing Address)	F	1	
Roy UT 84067			Tampa FL 33647	AKY VSSE	811	<u></u>	
	<del></del>		1.1-		<u>-D</u>	Ti	
	1.			STATE	<u>-</u>		
				ĺθΑ IĐA	5		
Name and street address	s of Florida registered agent: (P.O. Box	k <u>NOT</u> a	ecceptable)				
	LaDawn Rivera						
Name:							
Office Address:	7206 Hammet Rd						
Office Address.							
	Tampa		33 , Florida	647			
	(Cuy)		,	(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. 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: LaDawn Rivera Marco Rivera Name: Manager Manager 7206 Hammet Rd Address: 7206 Hammet Rd Member Address: Member Tampa FL 33647 Tampa FL 33647 Authorized ☐Authorized Person Person Other Other Other\_\_\_\_\_ Other ■ Manager Manager Name: \_ Member Address: Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other Other Manager Manager Manager Name: Name: \_\_\_\_\_ Member Address: \_\_\_\_\_\_ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_\_\_\_ Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 belong as provided for in s.817.155. F.S. Signature of an authorized person LaDawn Rivera

Typed or printed name of signee



#### **Utah Department of Commerce**

#### Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

06/14/2019 10616848-016006142019-289001

### **CERTIFICATE OF EXISTENCE**

Registration Number:

**Business Name:** 

Registered Date:

Entity Type: Status:

10616848-0160

CAREALOT HOMES LLC

November 30, 2017

LLC - Domestic

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Som Stupe

Jason Sterzer
Director
Division of Corporations and Commercial Code