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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

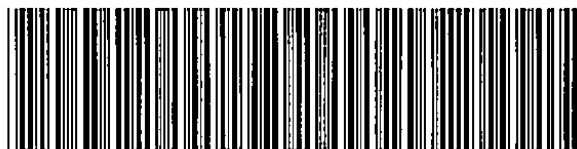
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 28 2019

FILED
19 JUL 15 PM 4:23
CLERK OF STATE
TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2019

CHARLES HENRICHSEN
266 SE PAYSAGE TRAIL
STUART, FL 34997

SUBJECT: RESTORED JOY, LLC
Ref. Number: W19000054663

We have received your document for RESTORED JOY, 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):

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 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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00011436

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JUL 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTORED JOY, 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:

CHARLES HENRICHSEN

Name of Person

Firm/Company

266 SE PAYSAGE TRAIL

Address

STUART, FL 34997

City/State and Zip Code

CHUCKHENRICHSEN@YAHOO.COM

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

For further information concerning this matter, please call:

CHARLES HENRICHSEN

425

508-0019

Name of Contact Person

at ()

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

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TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RESTORED JOY 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. WASHINGTON (Jurisdiction under the law of which foreign limited liability company is organized) 3. N/A (FEI number, if applicable)

4. 05/01/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

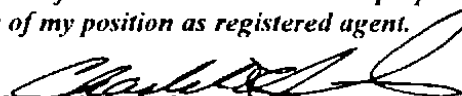
5. 266 SE PAYSAGE TRAIL (Street Address of Principal Office)
STUART, FL 34997
6. 266 SE PAYSAGE TRAIL (Mailing Address)
STUART, FL 34997

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

Name: CHARLES HENRICHSEN
Office Address: 266 SE PAYSAGE TRAIL
STUART, Florida 34997
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I and family 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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>PRESIDENT</u>	<u>CHARLES HENRICHSEN</u> <u>266 SE PAYSAGE TRAIL</u> <u>STUART, FL 34997</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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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

CHARLES HENRICHSEN

Typed or printed name of signer

19 JUL 11 PM 4:23
STATE OF FLORIDA
TALLAHASSEE

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

RESTORED JOY LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/15/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/10/2019

UBI Number: 604 008 341



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 07/10/2019

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CLERK OF THE STATE
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