

1126000000983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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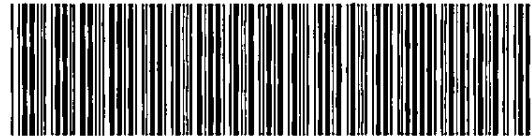
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 10 A 10:40
CLERK OF COURT
TALLAHASSEE, FLORIDA

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JAN 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anchor of Hope 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:

Kelly Roberts
Name of Person
Anchor of Hope LLC
Firm/Company
29 Covered Creek Dr.
Address
Ponte Vedra, FL 32081-0008
City/State and Zip Code
kellyroberts@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Roberts at (877) 482-1060
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

* Check will arrive separately from US Bank on 1-8-20.

check # FW864-PLKS1

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JAN 06 2020

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. Anchor of Hope 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. State of Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1274727
(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. 29 Covered Creek Dr.
(Street Address of Principal Office)

6. 29 Covered Creek Dr.
(Mailing Address)

Ponte Vedra, FL
32081

Ponte Vedra, FL
32081

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

Name: Kelly Roberts

Office Address: 29 Covered Creek Dr.
Ponte Vedra, Florida
(City)

2020 JAN 10 A
FILED
3208
(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.

Kelly Roberts
(Registered agent's signature)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Anchor of Hope, LLC
LC001411855

was created under the laws of this State on the 8th day of July, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of December, 2019.


Secretary of State



Certification Number: CERT-12312019-0004