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(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:

W20000081912

Office Use Only



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JUL 16 2020

FILED
2020 AUG 13 PM 3:12
TALLAHASSEE, FLORIDA

US
8/15/20 ✓

LAW OFFICES OF
KARL DAVID ACUFF

1615 Village Square Boulevard, Suite 2
Tallahassee, FL 32309-2770
Tel. 850.671.2644
Fax 850.671.2732
kd_acuff@floridacourts.com

August 10, 2020

Yvette Scott
Document Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: LifeStar Living, LLC
Ref. Number W20000081912
Letter Number 120A00014252

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2020 AUG 13 PM 3:12
TALLAHASSEE, FLORIDA

Dear Ms. Scott:

I am enclosing a copy of the Letter (Number 120A00014252) which notified us that we needed to submit a certificate of good standing to complete the registration of LifeStar Living, LLC, as a foreign LLC. I am attaching a copy of that Letter, along with the original submission and the recently received certificate of good standing for LifeStar Living, LLC.

Please call or email me if you have any questions regarding this corrected submission, or if any other documentation is required.

Respectfully submitted,



Karl David Acuff



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2020

KARL DAVID ACUFF
1615 VILLAGE SQUARE BLVD.
SUITE:2
TALLAHASSEE, FL 32309

SUBJECT: LIFESTAR LIVING, LLC
Ref. Number: W20000081912

We have received your document for LIFESTAR LIVING, LLC and your check(s) totaling \$160.00. 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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 120A00014252

RECEIVED
AUG 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LifeStar Living, 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:

Karl David Acuff

Name of Person

Law Offices of Karl David Acuff, P.A.

Firm/Company

1615 Village Square Blvd Suite 2

Address

Tallahassee, FL 32309

City/State and Zip Code

JAnderson@lifestarliving.com

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

FILED
2020 AUG 13 PM 3:12
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Karl David Acuff

850

671-2644

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. LifeStar Living, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1686884
(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. 1819 Main Street, STE 1300
(Street Address of Principal Office)

6. 1819 Main Street, STE 1300
(Mailing Address)

Sarasota, FL 34236
Sarasota, FL 34236

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

Name: Karl David Acuff

Office Address: 1615 Village Square Blvd Suite 2

Tallahassee, Florida 32309
(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.

(Registered agent's signature)

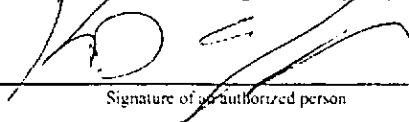
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Joel Anderson		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	LifeStar Living, LLC		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		1819 Main Street, STE 1300		<input type="checkbox"/> Authorized			
Person		Sarasota, FL 34236		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.



Signature of an authorized person

Karl David Acuff

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFESTAR LIVING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFESTAR LIVING, LLC" WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2020.

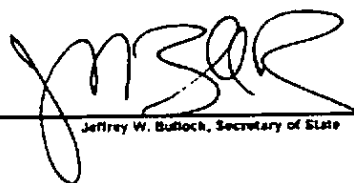
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2020 AUG 13 PM 3:12
TALAMON & ASSOCIATES
DELAWARE



3058411 8300

SR# 20206568636

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203404337

Date: 08-04-20