

121000001095

(Requestor's Name)

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(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

20000146619

Office Use Only



600355842466

12/16/20--01013--026 **160.00

2021 JAN 28 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

45
1/28/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2020

RICHARD GALLION
2233 ACADEMY PL #105
COLORADO SPRINGS, CO 80909

SUBJECT: VOYAGER HOME HEALTH CARE LLC
Ref. Number: W20000146619

We have received your document for VOYAGER HOME HEALTH CARE 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: 720A00026238

RECEIVED
JAN 25 2021

COVER LETTER

Registration Section
Division of Corporations

Voyager Home Health Care LLC

CT: _____
Name of Limited Liability Company

Enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Incorporation, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Return all correspondence concerning this matter to the following:

Richard Gallion

Name of Person

Voyager Home Health Care LLC

Firm/Company

2233 Academy Pl. #105

Address

Colorado Springs, CO 80909

City/State and Zip Code

support@voyagerhomehealth.com

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

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U.S. DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

For information concerning this matter, please call:

Travis Kniep

719

400-2222

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

REGISTRATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN ACCORDANCE 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. Voyager Home Health Care LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Available, 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."

3. do Secretary of State

1578013017

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

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

4. Voyager Home Health Care

1st Voyager Home Health Care

5. Address of Principal Office:

6.

(Mailing Address)

Flagler Street STE 900 #917

2233 Academy Pl #105

City, FL 33130

Colorado Springs, CO 80908

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

Name: Rocket Lawyer Corporate Services LLC

Office Address: 155 Office Plaza Drive 1st Floor

Tallahassee

32301

(City)

, Florida

(Zip code)

7. Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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.



Edna Perry Asst. Secretary

(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FL

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

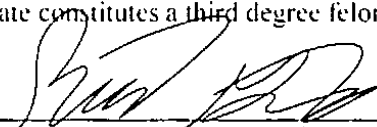
<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: Richard Gallion	<input type="checkbox"/> Manager	Name: Travis Taylor
Member	Address: 128 Brigham Ct.	<input checked="" type="checkbox"/> Member	Address: 333 E Colorado Avenue, #14
Authorized	Colorado Springs, CO 80906	<input type="checkbox"/> Authorized	Colorado Springs, CO 80903
Person		Person	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Manager	Name: Joseph Leach	<input checked="" type="checkbox"/> Manager	Name: Travis Kniep
Member	Address: 2233 Academy Pl, #105	<input type="checkbox"/> Member	Address: 2233 Academy Pl, #105
Authorized	Colorado Springs, CO 80909	<input type="checkbox"/> Authorized	Colorado Springs, CO 80909
Person		Person	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Manager	Name: Anna McLain	<input type="checkbox"/> Manager	Name:
Member	Address: 2233 Academy Pl, #105	<input type="checkbox"/> Member	Address:
Authorized	Colorado Springs, CO 80909	<input type="checkbox"/> Authorized	
Person		Person	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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CLERK OF DISTRICT COURT
JANUARY 28, 2020
TALLAHASSEE, FL

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

This document is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the state under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided 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

Richard Gallion

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Voyager Home Health Care LLC

is a

Limited Liability Company

formed or registered on 04/02/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151235832 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/07/2021 that have been posted, and by documents delivered to this office electronically through 01/11/2021 @ 08:04:46 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/11/2021 @ 08:04:46 in accordance with applicable law. This certificate is assigned Confirmation Number 12839399 .

FILED
2021 JAN 28 PM 2:43
SECRETARY OF STATE
DENVER, CO



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us>; click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."