

M21000003390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

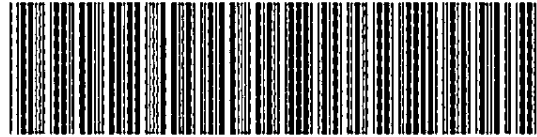
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/11/21--01009--026 **130.00

FILED
2021 MAR 11 PM 4:49
CLERK OF COURT
JUDICIAL DISTRICT OF KENT
SEATTLE

Handwritten signature



March 1, 2021

Dear Sir/Madam:

Our business was originally registered in Illinois, December 2016. We are looking to expand service to Florida, with a target date of April 1, 2021 for transacting business.

Attached please find the documentation requested following instructions through the Florida Department of State Division of Corporation, including:

- Cover Letter
- Application by Foreign LLC for Authorization to Transact Business in Florida
- State of Illinois Certificate and Authentication of TeamLife Health Group, LLC
- Check for \$130.00 (applicable fees)

2021 MAR 11 PM 4:49
FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

If additional information is required, please contact the undersigned.

Thank you 😊

Elisianne (Lisa) Stewart
TeamLife Health Group, LLC
360 W Hubbard St #3911
Chicago Illinois 60654
lisa@teamlifecares.com
312 428 1188

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TeamLife Health Group, 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:

Elisianne Stewart

Name of Person

TeamLife Health Group, LLC

Firm/Company

360 W Hubbard St # 3911

Address

Chicago Illinois 60654

City/State and Zip Code

info@teamlifecares.com

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

For further information concerning this matter, please call:

Elisianne Stewart

312

428 1188

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

FILED
2021 MAR 11 PM 4:14
TALLAHASSEE, FL

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. TeamLife Health Group, 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. Illinois 82-2257690
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. not yet transacting business in Florida, target date is April 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 360 W Hubbard St #3911 6. 100 NW 6th St #1611
(Street Address of Principal Office) (Mailing Address)

Chicago Illinois 60654 Miami Florida 33616

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

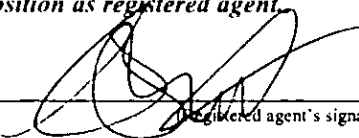
Name: Stephanie Stewart

Office Address: 100 NW 6th St #1611

Miami 33616
(City) , Florida (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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: John M Jacobs
☐ Member Address: 123 S Green St #808B
☐ Authorized Chicago Illinois 60607
Person
☐ Other ☐ Other

☐ Manager Name: Stephanie Stewart
☐ Member Address: 100 NW 6th St #1611
☒ Authorized Miami Florida 33613
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Elisianne Stewart
☐ Member Address: 123 S Green St #808B
☒ Authorized Chicago Illinois 60607
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ 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

Elisianne Stewart

Typed or printed name of signer

File Number

0607781-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TEAMLIFE HEALTH GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 06, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 1ST
day of MARCH A.D. 2021 .



Authentication #: 2106002262 verifiable until 03/01/2022

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE