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## COVER LETTER

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SUBJECT: Elu, LLC	Name of Limited Liability Company
	nited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concernir	ng this matter to the following:
Kimberly C	ook
	Name of Person
Elu, LLC	
	Firm/Company
1101 W. 40	Oth St., Unit 2225
·. · · · · · · · · · · · · · · · · · ·	Address
Chattanoog	ga, TN 37409
	City/State and Zip Code
kcook@eluc	ccc.org
E-mail	address: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Kim Cook	at (423 , 486-0774 #10-)
Name of Contac	t 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
	cing amount:  .ORIDA DEPARTMENT OF STATE  130,00 Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Elu, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "ELC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "I muted Liability Company," "U.E.C." or "LEC") Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted husiness in Florida, if prior to registration) (See sections 605 0904 & 605,0005, F.S. to determine penalty liability) 5. 1201 South Seminole Drive
(Street Address of Principal Office) 6. 1101 W. 40th St., Unit 2225 Chattanooga, TN 37409 Chattanooga, TN 37412 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 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.

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Kimberly Cook ✓ Manager Manager Name: Address: 1101 W. 40th St. Member Member Address: \_\_\_\_\_\_ Unit 2225 Authorized Authorized Chattanooga, TN37409 Person Person Other Other\_\_\_\_ Other Other Name: Robert F. Cook, II Manager Manager Address: 1101 W. 40th St. Member Member Address: Chattanooga, TN 37409 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_ Other Name: \_\_\_\_\_ Name: Manager Manager Member Address: Member Address: \_\_\_\_ Authorized ☐ Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 approvided for in s.817.155, F.S. Kimberly Cook

Typed or printed name of signee



## Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

KIMBERLY COOK

1101 W 40TH ST, UNIT 2225 CHATTANOOGA, TN 37409

March 30, 2022

Request Type: Certificate of Existence/Authorization

Request #:

0468277

Issuance Date: 03/30/2022

Copies Requested:

**Document Receipt** 

Receipt #: 007095996

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3826246359

\$20.00

Regarding:

Elu LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 07/15/2018

Status:

Active

**Duration Term:** 

Perpetual

Business County: HAMILTON COUNTY

Control #:

974194

Date Formed:

07/15/2018 Formation Locale: TENNESSEE

Inactive Date:

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## Elu LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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