

M23000003078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

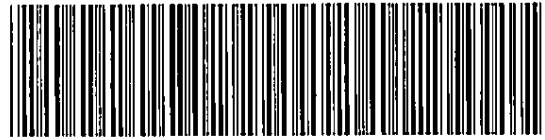
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000026226

Office Use Only



600402182936

02/07/21 01042-027 \$100.00

APPROVED  
AND  
FILED  
2023 MAR 10 AM 11:07

MAR 11 2023  
K. Brumby



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2023

EARL BART ANDERSON  
14486 SW 259TH STREET  
HOMESTEAD, FL 33032

SUBJECT: LIVE LIFE 100 LLC  
Ref. Number: W23000026226

We have received your document for LIVE LIFE 100 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):

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 423A00004533

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Live Life 100 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:

Earl Bart Anderson  
Name of Person  
Live Life 100 LLC  
Firm/Company  
14486 SW 259th Street  
Address  
Homestead, Florida 33032  
City/State and Zip Code  
earlbart@msn.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Earl Bart Anderson at 732 4430816  
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. Live Life 100 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. Austin, Texas 3. 32079692383  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.T. number, if applicable)

4. February 15, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0902 & 605.0903, F.S., to determine penalty liability.)

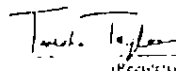
5. 5521 Springdale Rd, Suite 2301 6. 14486 SW 259th Street  
(Street Address of Principal Office) (Mailing Address)  
Austin, Texas 78723-6096 Homestead, Florida 33032  
c/o L.L.100 LLC

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

Name Lanesha Taylor  
Office Address 14486 SW 259th Street  
Homestead, Florida 33032  
(City) (State) (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)

2023 MAR 10 AM 11:07

FILED

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: Tanesha Taylor	<input checked="" type="checkbox"/> Manager	Name: Earl Bart Anderson
<input checked="" type="checkbox"/> Member	Address: 14486 SW 259th Street	<input checked="" type="checkbox"/> Member	Address: 14486 SW 259th Street
<input checked="" type="checkbox"/> Authorized	Homestead, Florida 33032	<input checked="" type="checkbox"/> Authorized	Homestead, Florida 33032
Person		Person	
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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.

*Tanesha Taylor*

Signature of an authorized person

Tanesha Taylor

Typed or printed name of signer

Corporations Section  
P O Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Live Life 100 LLC (file number 804109903), a Domestic Limited Liability Company (LLC), was filed in this office on June 10, 2021.

It is further certified that the entity status in Texas is in existence

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 25, 2023



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State