

M23000008843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

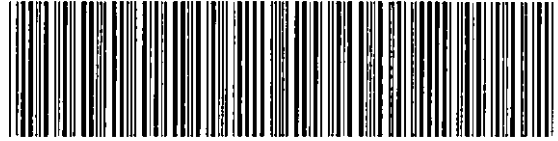
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moving Forward Life Services 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:

Yolanda Anderson
Name of Person

Moving Forward Life Services
Firm/Company

1023 Lincoln Road Ste B
Address

West Palm Beach 33407
City/State and Zip Code

Yolanda.8600@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yolanda Anderson at (678) 6347594
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. Moving Forward Life Services 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. Moving Forward Counseling Services LLC 3. 320397747
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/30/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1023 Lincoln Road
(Street Address of Principal Office)

6. 4981 Bainbridge Crt
(Mailing Address)

West Palm Beach FL
33407

Lilburn Ga
30047

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

Name: Yolanda Anderson

Office Address: 1023 Lincoln Rd Ste B

West Palm Beach, Florida 33407
(City) (Zip code)

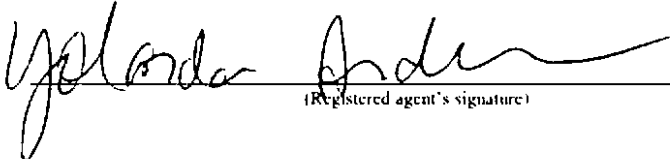
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Registered agent's acceptance:

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: Manager
Name and Address: Name: Yolanda Anderson
Address: 1023 Licoln Road SteB
West Palm Beach Fl
33407
Person
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Emmanuel Anderson
Address: 1023 Licoln Road Ste B
West Palm Beach Fl
33407
Person
 Other _____ Other _____

Manager Name: Demetric Johnson
 Member Address: 1023 Licoln Road Ste B
 Authorized West Palm Beach Fl
33407
Person
 Other _____ Other _____

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

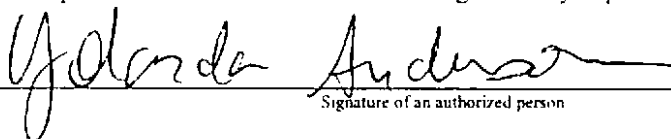
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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
Yolanda Anderson

Typed or printed name of signer