M2400011608

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(only, ordinal principle my		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer.		
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COVER LETTER

	LAKELAND FL CAREGIVING, LLC			
SUBJEC'	Name of Limited Liability Company			
The enclose Existence,	sed "Application by Foreign Limited Liability C , and check are submitted to register the above r	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	" Certific ness in I	cate of Florida.
Please reti	urn all correspondence concerning this matter to	the following:		
	CAROLYN WEAVER			
		Name of Person		
	PAKIS, GIOTES, BURLESON AND I	DEACONSON		
		Firm/Company		
	400 AUSTN AVE, SUITE 400			
		Address	2021	
	WACO, TEXAS 76701		2024 SEP 11	T)
	City/State and Zip Code			
	CSW@PAKISLAW.COM			m
For furthe	E-mail address: (to be er information concerning this matter, please cal	e used for future annual report notification)	61:6	O
CAROLYN WEAVER		254 297-7300		
-	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		

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN AMITTED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FUORIDA:

	GIVING, LLC Limited Liability Company; must include "Limited					
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabi	ity Company," "L.L.C," or "LLC"			
TEXAS		99-4529800 3.				
2. (Inrisdiction under the law of which foreign limited liability company is organized)		(FEI number,	3. (FEI number, if applicable)			
4	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	gistration [e penalty liability]				
2612 WASHINGTON AVE., SUITE I			2612 WASHINGTON AVE., SUITE 1			
O. (Street Address of Principal Office)		6. (Mailing Address)	-			
WACO, TEXAS 76710		WACO, TEXAS 76710	20 0			
			2024 SEP SHORE A			
	<u>, </u>					
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT_acceptable)				
Name:	CORPORATION SERVICE COMPAN	XY 	E'EL SIVIS 6 16 6			
Office Address:	1201 HAYS STREET					
	TALLAHASSEE	32301 , Florida				
	(City)	(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.

Corporation Service Company	
By: Taylor Jones	Taylor Jones, Assistant Secretary
(Registered agent's signature)	•

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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:	Title or Capacity:	Name and Address:
■Manager	Name: BRENT M. WILSON	■Manager	Name: MICHAEL T. HILLMAN
□Member	Address: 217 S. 28TH STREET	□Member	Address: 217 S. 28TH STREET
□Authorized	WACO, TX 76710	□Authorized	WACO, TX 76710
Person		Person	
□Other	Other	□Other	Other
■Manager	Name: RYAN GIBSON	□Manager	Name:
□Member	Address: 217 S. 28TH STREET	□Member	Address:
□Authorized	WACO, TX 76710	□Authorized	202
Person		Person	SE SE
□Other	Other	□Other	FAMES
□Manager	Name:	⊡Manager	SEE STA 99 D Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		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.



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



Jane Nelson Secretary of State

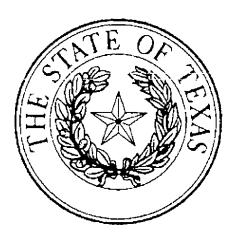
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LAKELAND FL CAREGIVING, LLC (file number 805659990), a Domestic Limited Liability Company (LLC), was filed in this office on August 12, 2024.

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 August 20, 2024.



Jane- Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1393968950007



September 5, 2024

DAROLYN WEAVER 400 AUSTIN AVE STE 400 WACO, TX 76701

SUBJECT: LAKELAND FL CAREGIVING, LLC

Ref. Number: W24000124874

We have received your document for LAKELAND FL CAREGIVING, LLC and your check(s) totaling \$155.00. 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.

Letter Number: 624A00019926

Tracy L Lemieux Regulatory Specialist II

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