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SECRETARY OF STATE
TALLAHASSEE, FL

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Application for Registration of a Foreign Limited Liability Company in Florida

Dear Division of Corporations,

I am writing on behalf of Elevated Life LLC, originally organized in the State of Colorado, to formally apply for registration as a foreign limited liability company authorized to transact business in the State of Florida.

Due to our company's recent decision to move our principal operations to Florida, we are seeking to register with the Division of Corporations in order to legally conduct business within the state. We are committed to complying with all applicable Florida laws and regulations as part of this transition.

Enclosed, you will find the necessary documentation, including:

1. A completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
2. A Certificate of Good Standing from the State of Colorado, dated within the past 90 days.
3. The required filing fee.

If any additional information or documentation is needed, please feel free to contact me at 970-306-5466 or via email at stephanie@elevatedlifellc.org. I look forward to completing this registration process and am happy to provide any further details that may be required.

Thank you for your attention to this application. We appreciate your assistance in helping Elevated Life LLC establish its presence in Florida.

Sincerely,

Stephanie Giangiulio
Owner/Founder
Elevated Life LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elevated Life 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:

Stephanie Giangiulio
Name of Person
Elevated Life LLC
Firm/Company
83 Seabrook Dr
Address
Ponte Vedra Fl 32081
City/State and Zip Code
stephanie@elevatedlifellc.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

stephanic giangiulio at (970) 306.5466
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. Elevated Life LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Elevated Life Health and Wellness 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. Colorado
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20241009171
(FEI number, if applicable)

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

5. 83 Seabrook Dr
(Street Address of Principal Office)

6. 83 Seabrook Dr
(Mailing Address)

Ponte Vedra Fl
32081

Ponte Vedra Fl
32081

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

Name: Stephanie Giangiulio

Office Address: 83 Seabrook Dr

Ponte Vedra, Florida 32081
(City) (Zip code)

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TALLAHASSEE, FL

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]:

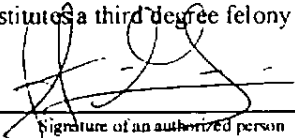
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Steven Giangiulio</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>83 Scabrook Dr</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Ponte Vedra</u> <u>FL, 32081</u>	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 TALLAHASSEE FL

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

 Steven Giangiulio

 Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Elevated Life LLC

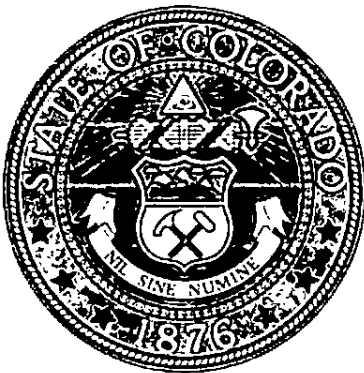
is a

Limited Liability Company

formed or registered on 01/02/2024 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20241009171 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/05/2024 that have been posted, and by documents delivered to this office electronically through 11/06/2024 @ 11:18:53 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/06/2024 @ 11:18:53 in accordance with applicable law. This certificate is assigned Confirmation Number 16539557 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearch/criteria.do>, entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."