FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 8282 Western Way Cir. St. Address 97 HOV 12 PM 1:35 City/State/Zin Phone # Office Use Only Davidlongenecker (104) 731-2820 CORPORATION NAME (S) & DOCUMENT NUMBER (S), (if known): 1. As You Like it House keeping Referral Agency, LLC. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Certificate of Status Photocopy ☐ Will wait Mail out AMENDMENTS = **NEW FILINGS** 3000何何何**月月**407673005³ ****285.00 *****285.08 Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Name Merger Other Availability Document REGISTRATION/ OTHER FILINGS Examiner KW' QUALIFICATION Annual Report Updater K٧ Foreign Fictitious Name Updater Limited Partnership Name Reservation Verifyer K۱ Reinstatement Acknowledgement K Trademark W. P. Verifyer Other Examiner's Initials CR2E031(1/95)

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Name so con	5 You LIKE 17 A of foreign limited liability company t tained in the name at present.)	LOUSEKEEPING must end with the v	REFERENT AGENCY 1 words "limited company" or their abbrevi	iation "L.C." if not
(Jurisdi	Ction under the law of which foreign y is organized)	limited liability	. <u>59-3474664</u> (FEI number, if applica	able)
4	10/29/97 (Date of Organization)	5	Duration: Year limited liability compexist or "perpetual")	pany will ease to
6. <u>//</u> 7.	(13/97 (Date first transacted busines 8282 WESTERN WAY		ections 608.501, 608.502, and 817.155, I	NOV 12
List na	TACKSWUILLE, FL	32256 (Street address of		GR]who eccessary)
	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
	DAVID K. LONGANECK	ex MGR	MELISIA S. BRAGLEY	MGRM
	505 BOARDWALK DR	<u>. </u>	505 BOARSWALK DR.	٠
	APT 224	_ ' 9	APT. 224	
	BATE VEDRA BEACH, FL	-	PONTE VENRA BEACU, FC	
	32082	 -	32082	
		-		

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Δ \\ \\ \Lambda \	IKE IT
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 24,500.
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 24,500.
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ <u>24,500</u> .
a to	

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: AS YOU LIKE 17 HOUSEKEEPING REFERENCE AGENCY LLC.	<u> </u>	
2. The name and address of the registered agent and office are:		
DAVID K. LONGANECKER (Name)	97 NOV 1	DIVISION OF
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	2 PM 1: (RY OF STATE
JACKSONVICLE FC. 32256 (City/State/Zip)	 	ĐNS :

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 11/10/97 (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AS YOU LIKE IT HOUSEKEEPING

REFERRAL AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO

FAR AS THE BECORDS OF THIS OFFICE SHOW. AS OF THE TWENTY-NINTH

DAY OF OCTOBER, A.D. 1997.

FILED STATE OF STATE OF CORPORATIONS



Edward J. Freel, Secretary of State

AUTHENTICATION:

8728807

DATE:

10-29-97

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