POOOOOOOO5787

To: Qualification/7 Division of Co	Tax Lien Section orporations	about .
SUBJECT:	LIFE UNIVERSITY, INC. $U \cap \mathcal{I}$	W. W. EN
<u></u>	(Name of corporation - must include suffix)	The state of the s
Dear Sir or Madam:	00789-00310-00547-00071 July	prida",
The enclosed "Applica "Certificate of Existent to transact business in	nce", and check are submitted to register the above referenced foreign corp	oration
Please return all corres	spondence concerning this matter to the following: 2000032	43182 9 001126009
	Jo Burbridge ******87	.50 *****87.50
	(Name of Person)	
	Fisher & Sauls, P.A.	·
	(Firm/Company)	MJH
	100 Second Avenue South, Suite 701	
	(Address)	
	St. Petersburg, Florida 33701	
	(City/State/Zip)	
Should you need to cal	all someone concerning this matter, please call:	SECRE DIVISION
Jo Burbridge	at (727) 822-2033 x 325	_ _
(Name of Pers	at (727) 822-2033 x 325 (Area Code & Daytime Telephone Number)	3 _
		FILED SIAIE ARY OF SIAIE OF CORPORAIIO
STREET ADDRESS:	: MAILING ADDRESS:	* SS
Qualification/Tax Lier Division of Corporatio 409 E. Gaines St. Tallahassee, FL 32399	ons Division of Corporations P.O. Box 6327	
Enclosed is a check for	or the following amount:	
□ \$70.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & K \$87.50 Filing Certificate of Status Certified Copy Certificate Certified C	of Status &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 12, 2000

JO BURBRIDGE FISHER & SAULS, P.A. 100 SECOND AVENUE SOUTH, SUITE 701 ST. PETERSBURG, FL 33701

SUBJECT: LIFE UNIVERSITY, INC. Ref. Number: W00000012486

We have received your document for LIFE UNIVERSITY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 100A00026696

District of Commentions DO DOV 6297 Wellshagger Florida 22214

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.		LIFE UNIVE	ERSITY, INC	C.				
	(Name of corpor	ation; must include the word	"TNCORPORA	ATED", "COMI	ANY", "CORPORAT	ION" or		Ē
		ations of like import in lang			t it is a corporation ins	tead of a		
	natural person or	partnership if not so contain	ned in the name	at present.)				
	_							
2.		rgia	 	3	58-121600			
	(State or country	under the law of which it is	incorporated)		(FEI number, if app	ilicable)		
4.		12/1974	5		Perpetual	<u>.</u>		
	(Date	of incorporation)	(T	Duration: Year	Perpetual corp. will cease to exis	tor "perpetual")		
6.	Upo	n qualification						
	(Date first	transacted business in Florid	a.) (SEE SECT	IONS 607.1501	, 607.1502 and 817.15	5, F.S.)		
7.	126	9 Barclay Circle						
•		> noreman criticis						
	Mar	ietta, Georgia 30	060	-				
		(Cur	rent mailing add	iress)				
8.		rate a chiropracti						
	(Purpose(s) of corporation authorized i	n home state or	country to be ca	arried out in state of Fl	orida)	8	ĭ ₹
9.	Name and stre	et address of Florida re	gistered agent	t: (P.O. Box o	or Mail Drop Box <u>N</u> O	<u>OT</u> acceptable)	00 OCT	SES
	Name: _	Kenneth E. Thorn	ton, Esa.				3	
	Name			-	±	-		6 <u>7</u> 5
Of	ffice Address:	100 Second Avenu	e South		÷ - ·	,	P	2800 2800
		St. Petersburg,		T71 '	da 3370Î		3: Ot	RAT
	-			, Flori	(Zip code)		£0	200
					(Zip code)			S
10	. Registered as	gent's acceptance:						
		l as registered agent and to						
		ereby accept the appointme of all statutes relative to the						
		y position as registered age		2	y ojy w, w	j		пссерг
		الم المستحدد	. 3)					
		- F) / S	gistered agent's		· 			
		/ (Re	gisiered agent s	s signature)				

See attachment.

which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P.O. Box NOT acceptable)

Sid E. Williams, 1269 Barclay Circle, Marietta, Georgia 30060

Wesley A. Berry 1269 Barclay Circle, Marietta, Georgia 30060

Dr. Nell K. Williams 1269 Barclay Circle, Marietta, Georgia 30060

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

12. Names and business addresses of officers and/or directors:

, , , 4 ,

Hairman	Director: Side E. Williams
	1269 Barclay Circle, Marietta, Georgia 30060
idress: _	1209 Barciay Circle, Marietta, Georgia 30000
 Ried Ra	MAR: Director: Wesley A. Berry
	1269 Barclay Circle, Marietta Goergia 30060
	Dr. K. Nell Williams
	1269 Barclay Circle, Marietta, Georgia 30060
iress: _	
OFFI	
	Chief Executive Officer: Sid E. Williams
lress: _	1269 Barclay Circle, Marietta, Georgia 30060
e Presig	Jent Chief Financial Officer: Wesley A. Berry
lress: _	1269 Barclay Circle, Marietta, Georgia 30060
- retary:	Dr. Nell K. Williams
iress: _	1269 Barclay Circle, Marietta, Georgia 30060
asurer:	
iress: _	
OTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
. Wes	ley A. Berry, CPA, Vice President of Financial Affairs

(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 001120465

CONTROL NUMBER : J510319
DATE INC/AUTH/FILED: 09/12/1974
JURISDICTION : GEORGIA
PRINT DATE : 04/21/2000
FORM NUMBER : 211

WILSON STRICKLAND & BENSON PC LINDA H. AUTREY 1360 PEACHTREE ST NE STE 1100 ATLANTA, GA 30309

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LIFE UNIVERSITY, INC. A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State