7-0200000298/FILED

TRANSMITTAL LETTE

	TRANSMIT	TAL LETTER	TALICHON	
TO: Registration Secti	on		AHASSEORPON S.	20
Division of Corpo			E. FLOATIO	. J
SUBJECT: Li	fespaces FAC	tion - must include suffix)	ALLAHASSEE, FLORIDA	KS
	(Name of corpora	tion - must include suffix)		_
Dear Sir or Madam:				
The enclosed "Application" (Certificate of Existence" to transact business in Flo	, and check are submitted t	or Authorization to Transact o register the above referenc	Business in Florida", ed foreign corporation	
	ndence concerning this mat	N-E	0000572955 -06/10/020108 ******78.75 ***	53 6025 ***78-79
	T. Fabian (Name	of Person)		
Lifespace				
	(Firm/0	Company)	AV UA	
po Box	2219			
	<u></u>	ldress)	<u> </u>	
MET 2/436	2NT 50 29	•		
mi. Preds		e and Zip code)		
	(3			
For further information co	ncerning this matter, pleas	e call·		
	mooring two matter, proac	o can,		
EDWARD L. SM		3) 216.3355		
(Name of Person)		a Code & Daytime Telephon	e Number)	· · · · · · ·
	·	•	,	
STREET ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations	,	Division of Corporations		
409 E. Gaines St.		P.O. Box 6327	-	
Tallahassee, FL 32399		Tallahassee, FL 32314		
Enclosed is a check for the	e following amount:			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee &	☐ \$78.75 Filing Fee & 1	□ \$87.50 Filing Fee,	
- •	Certificate of Status	Certified Copy	Certificate of Status &	



Certified Copy

ÄPPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH , REGISTER A FOREIGN (SECTION 607.1503, FLO. CORPORATION TO TRAN	RIDA STATUTE VSACT BUSINE,	SS, THE FOLLOWI SS IN THE STATE	NG IS SUBMITTE OF FLORIDA.	O TO
					10, 14, 1
words or abbreviations of	ees The six include the word "INCORI like import in language as within if not so contained in the	ill clearly indicate	MPANY", "CORPO that it is a corporation	ORATION" or on instead of a	TO THE SERVICE OF THE
2. South Care (State or country under the	Shila	3	57-1113	774	1037 60
(State or country under the	law of which it is incorporat	ed)	(FEI number,	if applicable)	275
4. January (Date of incorp	12 2001	5	Perpetual	• 	
(Date of incorp	poration)	(Duratio	on: Year corp. will c	ease to exist or "perp	etual")
6. Upon G	ualification			* · · · · · · · · · · · · · · · · · · ·	
(Date first transacted busin	iess in Florida. If corporatior	n has not transacte 607.1501, 607.150	d business in Florida 2 and 817.155, F.S.)	, insert "upon qualific	cation.")
7. 624-E	LONG POINT	RD M	- PLEJSZN	7 5C	
	(Principal of	nce address)			
Po Box	2219 MT	PLEASAN	r sc. 29	2465	
(Purpose(s) of corpo	NIC SOUISMENT pration authorized in home sta	SALES /M ate or country to b	(STALL 471 ON be carried out in state	of Florida)	· · · · · · · · · · · · · · · · · · ·
9. Name and street address	<u>ess</u> of Florida registered	agent: (P.O. Bo	ox or Mail Drop Bo	ox NOT acceptable)
Name: ENWA	RD L. SMITH			:	te e e
Office Address: 408					
	(City)	, F	lorida <u>3254/</u>	<u> </u>	:::;
	(City)		(Zip code)	ŀ	
10. Registered agent's ac Having been named as reg designated in this applicat further agree to comply we duties, and I am familiar t	gistered agent and to acce, tion, I hereby accept the a ith the provisions of all st	ppointment as r atutes relative te	egistered agent an o the proper and c	id agree to act in th omplete performan	uis canacity. I
7	Don't	A_{-}	- V V V	en e	AREA AREA AREA AREA AREA AREA AREA AREA

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 which it is incorporated.

(Registered agent's signature)

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

A. DIRECTORS		
Chairman:		2
Address:		THE SULL OF STREET
		12 6 C
Vice Chairman:		10 K)
Address:		1.70
Director:		
Address:		
Director:		
Address:		
	•	
B. OFFICERS		
President: Frederick T. Fabian		
Address: 768 MILLDENHALL RD MT PLEASANT SC 29464		
Vice President: EOWARD L. SM, TH		
Address: 4088 ARIFTING SANS TRAIL		
<u> DESTIN</u> , FL 32541		
Secretary:		the state of the s
Address:		
Treasurer:		
Address:		<u> </u>
NOTE: If necessary, you may attack an addendum to the applicatio	on listing additional officers and/or o	lirectors
/		
(Signature of Chairman, Vice Chairman, or any office	cer listed in number 12 of the applic	cation)
4. Frederick T. Fabian		
(Typed or printed name and capacity of pers	son signing application)	

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

LIFESPACES, INC.,

a corporation duly organized under the laws of the State of South Carolina on **January 12th, 2001**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 30th day of May, 2002.

Jim Miles, Secretary of State