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TRANSMITTAL LETTER

Registration Section Division of Corporations
UBJECT: Life Advisors Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," Certificate of Existence," and check are submitted to register the above referenced foreign corporation to ransact business in Florida.
lease return all correspondence concerning this matter to the following:
Christine Smith
(Name of Person)
ife Advisors Inc.
(Firm/Company)
466 North Lockwood Ridge Rd. #191
(Address)
Sarasota, FL 34243
(City/State and Zip code)
or further information concerning this matter, please call:
Christine Smith at (941) 358.3413
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
inclosed is a check for the following amount:
\$70.00 Filing Fee \$\sqrt{0}\$ \$78.75 Filing Fee & \$\sqrt{0}\$ \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 25, 2004

CHRISTINE SMITH LIFE ADVISORS INC. 8466 NORTH LOCKWOOD RIDGE RD., #191 SARASOTA, FL 34243

SUBJECT: LIFE ADVISORS INC Ref. Number: W04000039226

We have received your document for LIFE ADVISORS INC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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 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) 245-6967.

Letter Number: 704A00061261

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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 Advisors Inc.						
	(Enter name of o	corporation; must include "INC Corp," "Inc," "Co," or "Corp.")	ORPORATED	," "COMPANY," "CORP	ORATION,"		
	(If name unavail	lable in Florida, enter alternate of	corporate name	adopted for the purpose of	transacting busine	ess in Florida)	
	Delaware		3.	EIN# /	0-//06.	رح ک 	
	(State or country	under the law of which it is inc	orporated)	(FEI num	ber, if applicable)		
4.		08/19/04 c of incorporation)	5.	(Duration: Year corp. w	0		
	(Date	e of incorporation)		(Duration: Year corp. w	ill cease to exist or	"perpetual")	
6.	none yet			··· · · · · · · · · · · · · · · · · ·			
				n Florida, if prior to registr 502, F.S., to determine pen			
7.	8466 No Lockw	rood Ridge Rd. #191 Sarasot	a FL 34243		_		
•		(Princ	cipal office add	ress)			
	8466 No Lockw	ood Ridge Rd. #191 Saraso	ta FL 34243				
		(Curr	ent mailing ado	iress)		······································	
	tar aardaaa						
8.	tax savings	s) of corporation authorized in I	ome state as a		ALL AFFICAL	<u> </u>	2
_					•	7	7
9.	Name and stree	et address of Florida registere	ed agent: (P.C	D. Box NOT acceptable)			, , ,
	Name:	Christine Smith	······································				
Of	fice Address:	8466 No Lockwood Ridge	Rd. #191				
<u>-</u>			w· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	-			.1
		Sarasota (City)	V	, Florida	·-		1
		(City)		(Zip coo	10)		
		gent's acceptance:			_		
He de:	iving been nam sienated in this	ed as registered agent and to application, I hereby accept	o accept servi t the appoint	ice of process for the abo nent as registered agent	we stated corpore	ation at the pl	ace
fui	rther agree to c	omply with the provisions of	^r all statutes r	elative to the proper and	l complete perfor	mance of my	duties,
an	d I am familiar	with and accept the obligation	ions of my po	sition as registered agen	t t.		
		(Registered age	nt's signature)				
		(Brosser abe		•	•	•	

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.

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

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Christin Sonits
Address: 8466 NB-Lockerson Ridge Rd #191
Sacroh 26 34243
Vice President: Chashy South
Address: Some
Secretary: Chrobn Sont
Address: (Same)
Address: 8466 No. London Widge Rel # 191 Skg # 34245
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
14. Christine Smith (Typed or printed name and capacity of person signing application)
(1) has or himses mine and cabacity of herson signing abhitemon)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE ADVISORS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2004.



Variet Smith Hindson

AUTHENTICATION: 3494831

DATE: 11-22-04

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