DM PORTER WRIGHT MAPLES 239593295 Florida Department of State Division of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000172970 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. TO: Division of Corporations : (850)205-0383 Fax Number from: : PORTER, WRIGHT, MORRIS & ARTHUR Account Name Account Number : 102233003533 UNISION OF CURPORATION Phone : (514)227-1936 Fax Number : (239) 593-2990 05 JUL 18 PH 3: 32 RECEIVED FOREIGN PROFIT QUALIFICATION $\overline{\mathbf{\omega}}$ AM 10: 05 Living Choice Development Corporation Certificate of Status 1 Certified Copy 0 Page Count 03 Estimated Charge \$78.75 Electronic Filing Menu Corporate Filing Public Access Help

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PORTER
WRIGHT
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ARTHUR 11.P
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1. Ap	plication By Foreign Co	poration	for Authoriza	ition to Transa	ct Busines	ss in l	Florida.	
We ha	we requested a certificate	e of status	of same.					
Thank								
Fiom: The Or	Jennifer A. Nogalski, J GINAL OF THIS DOCUMEN		SENT BY:	Phon	e No	239-	<u>593-2970</u>	<u> </u>
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JUL-18-05 14:18 FROM:PORTER WRIGHT NAPLES

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ID:2395932990

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.

·		<u></u>		
(If name unavai Minnesota			adopted for the purpose of transacting business in Florida) 41-2019370	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
10/22/2001		5.	Perpetual	
(Dat	of incorporation)	2.	(Duration: Year coap, will cease to exist or "perpetual")	
Upon qualifica	tion .			
100 Yachi Ciui	Road, Box C-7, St. Paul, Minnesote 55 (Principal office a Road, Box C-7, St. Paul, Minnesota 55 (Carrent mailing a vity for which corporations may be organ	add 510 add	iress)	
		ra	ountry to be carried out in state of Florids)	05 E
Any lawful acti (Purpose(J. BOX NUL acceptable)	
Any lawful acti (Purpose(c) of corporation authorized in home state of <u>et address</u> of Florida registered agent. () <u>Jennifer J. Nogalski c/o Porter Wrigh</u>			
Any lawful act (Purpose) Name and stree Name:	et address of Florida registered agent ()			
Any lawful action (Purpose)	et address of Florida registered agent () Jennifer J. Nogalski c/o Porter Wrigh		, Florida 34108	•••

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Cristeric stent's senart

11. Attached is a cartificate of existence doly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Socretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

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- inector:	David R. Engler	•
	100 Yecht Club Road, Box C-7	•
	St. Paul, Minnesota 55107	, , . .
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	David R. Engfer	
	100 Yacht Club Roed, Box C-7 문소 중	\bigcirc
	St. Paul, Minnesota 55107	
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wretary:		
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OTE: 1	f necessary fou may attach an addendum to the application listing additional officers and/or directors.	
3	(Signature of Director or Officer listed in number 12 of the application)	
നഷം	(Signature of Lapscor of Ornicer listed in number 12 of the application) d R. Engler, President	
1. <u>L'avi</u>	(Typed or printed name and capacity of person signing application)	

