

FD 60000001566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECY DEPT OF STATE  
TALLAHASSEE, FLORIDA

MRS  
3/13

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MEDLIFEPLUS, 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 transact business in Florida.

Please return all correspondence concerning this matter to the following:

CRYSTLE OWEN  
(Name of Person)  
GEORGE KATOSIC & ASSOCIATES  
(Firm/Company)  
300 N. COIT STE 350  
(Address)  
RICHARDSON, TX 75080  
(City/State and Zip code)

For further information concerning this matter, please call:

CRYSTLE OWEN at 942 664-9170  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. MEDLIFE PLUS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. TENNESSEE 3. 04-31097474  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/6/02 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5534 COOKS LANE, SMYRNA, TN 37167  
(Principal office address)  
2814 SPRING ST. # 122 ATLANTA, GA 30339  
(Current mailing address)
8. PLEASE SEE ATTACHED  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: CORPORATE CREATIONS NETWORK, INC.  
Office Address: 11380 PROSPERITY FARMS RD # 221E  
PALM BEACH, Florida 33410  
(City) GARDENS (Zip code)
10. Registered agent's acceptance:  
*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.*
- Daniel B. Slattery  
(Registered agent's signature)

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.

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**Purpose of MedLifePlus, Inc.**

The purpose of MedLifePlus, Inc. is to do all things and engage in all types of businesses which are not forbidden by the laws of the State of Tennessee, and with all the powers conferred upon corporations by the laws of the State of Tennessee, as now in force or hereafter amended.

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

A. DIRECTORS

Chairman: TOM MANNING

Address: 2814 SPRING ST #122  
ATLANTA, GA 30339

Vice Chairman: GEORGE KATOSIC & MIKE KRAFT

Address: 300 N. COIT STE. 350 2814 SPRING ST #122  
RICHARDSON, TX 75080 ATLANTA, GA 30339

Director: 1. TOM MANNING 2. GEORGE KATOSIC

Address: 2814 SPRING ST. #122 300 N. COIT #350  
ATLANTA, GA 30339 RICHARDSON, TX 75080

Director: 3. MIKE KRAFT

Address: 2814 SPRING ST #122  
ATLANTA, GA 30339

B. OFFICERS

President: TOM MANNING

Address: 2814 SPRING ST. #122  
ATLANTA, GA 30339

Vice President: GEORGE KATOSIC & MIKE KRAFT

Address: 300 N. COIT STE 350 2814 SPRING ST. #122  
RICHARDSON, TX 75080 ATLANTA, GA 30339

Secretary: MIKE KRAFT

Address: 2814 SPRING ST. #122, ATLANTA, GA 30339

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)

14. GEORGE KATOSIC / VP  
(Typed or printed name and capacity of person signing application)

Secretary of State  
Division of Business Services  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 01/31/2006  
REQUEST NUMBER: 05297530  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/06/2002  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0428119  
JURISDICTION: TENNESSEE

FILED  
06 MAR 10 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO:  
GEORGE R KATOSIC & ASSOCIATES  
%MARSHA OWEN-#350  
300 N COIT RD  
RICHARDSON, TX 75080

REQUESTED BY:  
GEORGE R KATOSIC & ASSOCIATES  
%MARSHA OWEN-#350  
300 N COIT RD  
RICHARDSON, TX 75080

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
-----  
"MEDLIFEPLUS, INC."

-----  
IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/31/06

FROM:  
GEORGE R. KATOSIC & ASSOCIATES  
300 NORTH COIT  
SUITE 1050  
RICHARDSON, TX 75080-0000

RECEIVED: FEES \$100.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$100.00

RECEIPT NUMBER: 00003815037  
ACCOUNT NUMBER: 00273332



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE