

Florida Department of State  
Division of Corporations  
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## To:

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Account Name : C T CORPORATION SYSTEM  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

Life Investors Financial Group, Inc.

Certificate of Status	0
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J. Shivers AUG 24 2007  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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 Investors Financial Group, 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. Iowa 3. 61-1513662  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/18/2006 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

**6. Upon Qualification**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4333 Edgewood Rd NE, Cedar Rapids, IA 52499  
(Principal office address)

same  
(Current mailing address)

8. For the purposes of sales and marketing.  
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.*

C T Corporation System

By: \_\_\_\_\_

(Registered agent's signature)

James M. Halpin  
Assistant Secretary

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 SEE ATTACHMENT**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Seth D Miller

Address: 4333 Edgewood Rd NE

Cedar Rapids, IA 52499

Vice President: John R Kneeland

Address: 4333 Edgewood Rd NE

Cedar Rapids, IA 52499

Secretary: Andrew W Martin

Address: 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

Treasurer: Chris Foster

Address: 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

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. Seth D. Miller President / Director

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Attachment to Florida  
Officers & Directors**

1	Full Name:	Timmy L Stonehocker
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	4333 Edgewood Rd NE
	City:	Cedar Rapids
	State:	IA
	ZIP Code:	52499
2	Full Name:	Seth D Miller
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	4333 Edgewood Rd NE
	City:	Cedar Rapids
	State:	IA
	ZIP Code:	52499
3	Full Name:	Andrew W Martin
	Officer/Director:	Officer, Director
	Officer's Title:	Secretary
	Director's Title:	Director
	Business Address:	4333 Edgewood Rd NE
	City:	Cedar Rapids
	State:	IA
	ZIP Code:	52499

# IOWA

Date: 08/22/2007

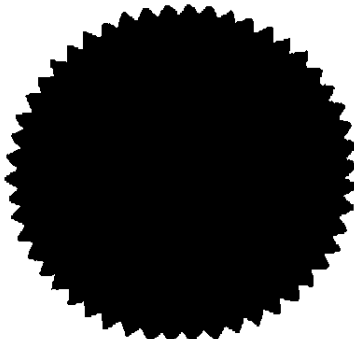
## SECRETARY OF STATE

490 DP-000335351  
LIFE INVESTORS FINANCIAL GROUP, INC.  
C T CORPORATION SYSTEM  
ATTN: NANCY  
DES MOINES, IA 50312

### CERTIFICATE OF EXISTENCE

Name: LIFE INVESTORS FINANCIAL GROUP, INC.  
Date of Incorporation: 10/18/2006  
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



*Michael A. Mauro*  
MICHAEL A. MAURO SECRETARY OF STATE

