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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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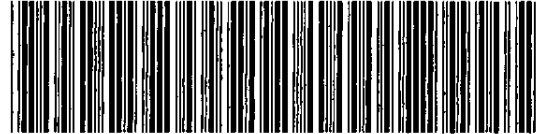
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: L.I.F.E. ASSOCIATION, INC.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

GAIL Q. HUBERT
(Name of Person)

L.I.F.E. ASSOCIATION, INC.
(Firm/Company)

ATTN: MICHELLE ESCOBAR

PO BOX 26338
(Address)

EL PASO, TX 79926
(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL Q. HUBERT at (915) 594-4646
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
IN THE STATE OF FLORIDA:

1. L.I.F.E. ASSOCIATION, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. TEXAS 3. 20-8820246
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. AUGUST 24, 1990 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability)
7. 1200 GOLDEN KEY CIRCLE SUITE 331, EL PASO, TX 79925
(Principal office address)
PO BOX 26338, EL PASO, TX 79926
(Current mailing address)
8. SERVICE
(Purpose(s) of corporation authorized in home state or country to be carried out in the 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 Road #221E
Palm Beach Gardens - Palm Beach County, Florida 33410
(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.

Valerie Hawk Valerie Hawk, Asst. Secretary
(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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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: PATRICIA LISTER

Address: 8228 S. 33rd LANE

LAVEEN, AZ 85339-1890

Vice Chairman: _____

Address: _____

Director: GAIL Q. HUBERT, Executive Director

Address: 1200 GOLDEN KEY CIRCLE SUITE 331

EL PASO, TX 79925

Director: LINDA FIELDS

Address: 1200 GOLDEN KEY CIRCLE SUITE 331

EL PASO, TX 79925

B. OFFICERS

President: PATRICIA LISTER

Address: 8228 S. 33rd LANE

LAVEEN, AZ 85339-1890

Vice President: _____

Address: _____

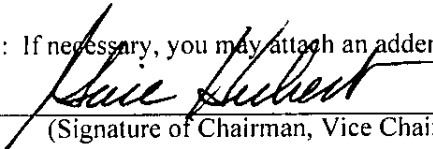
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GAIL Q. HUBERT, EXECUTIVE DIRECTOR
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for L.I.F.E. Association, Inc. (file number 116400501), a Domestic Nonprofit Corporation, was filed in this office on August 24, 1990.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate JES KRAMAR as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

307 S. 2ND ST., STE. B

RICHMOND, TX - 77469 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 17, 2008.



A handwritten signature of Phil Wilson in dark ink.

Phil Wilson
Secretary of State

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