

F09000001856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

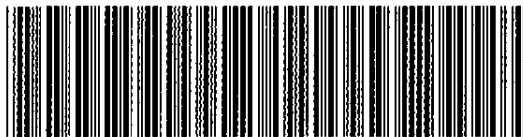
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/23/09--01018--008 \*\*70.00

09 MAY -5 PM 1:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W09000019441

EP 5/2/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2009

STEPHEN HOOD  
1530 CROWNE ORMOND LN #518  
ORMOND BEACH, FL 32174

SUBJECT: LIFEPLAN ADVISORS, INC.  
Ref. Number: W09000019441

We have received your document for LIFEPLAN ADVISORS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with 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) 245-6062.

Eula Peterson  
Regulatory Specialist II

Letter Number: 109A00013941

RECEIVED  
DEPARTMENT OF STATE  
09 MAY -5 PM 4:06

## COVER LETTER

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

**SUBJECT:** LifePlan 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 transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen Hood

(Name of Person)

LifePlan Advisors, Inc.

(Firm/Company)

1530 Crowne Ormond Ln #518

(Address)

Ormond Beach, FL 32174

(City/State and Zip code)

For further information concerning this matter, please call:

Stephen Hood

(Name of Person)

at ( 386 ) 236-9681

(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. LifePlan Advisors, 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. Oregon

(State or country under the law of which it is incorporated)

3. 20-5714611

(FEI number, if applicable)

4. 10/10/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. NA

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

7. 1530 Crowne Ormond Ln #518, Ormond Beach, FL 32174

(Principal office address)

1530 Crowne Ormond Ln #518, Ormond Beach, FL 32174

(Current mailing address)

8. For Profit

(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: Stephen Hood

Office Address: 1530 Crowne Ormond Ln #518

Ormond Beach

(City)

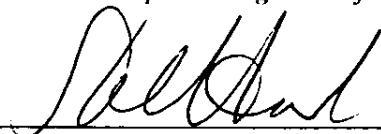
, Florida 32174

(Zip code)

09 MAY -5 PM 15  
STATE  
TALLAHASSEE, FLORIDA

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.*



(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.

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

**A. DIRECTORS**

Chairman: Stephen Hood

Address: 1530 Crowne Ormond Ln #518, Ormond Beach, FL 32174

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

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

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

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

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

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

**B. OFFICERS**

President: Stephen Hood

Address: 1530 Crowne Ormond Ln #518, Ormond Beach, FL 32174

Vice President: \_\_\_\_\_

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

Secretary: Stephen Hood

Address: 1530 Crowne Ormond Ln #518, Ormond Beach, FL 32174

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

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

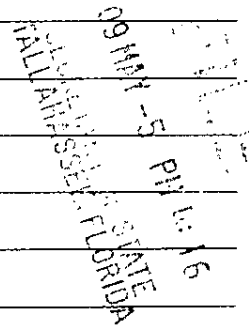
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  5/11/09

(Signature of Director or Officer listed in number 12 of the application)

14. Stephen Hood President

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



CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**LIFEPLAN ADVISORS, INC.**

was  
incorporated  
under the Oregon  
**Business Corporation Act**  
on  
**October 10, 2006**

and is active on the records of the Corporation Division as of  
the date of this certificate.

FILED  
09 MAY -5 PM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

*KATE BROWN, Secretary of State*

By Debra L. Virag

Debra L. Virag

April 13, 2009