## F090000343/

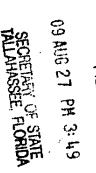
(Requestor's Name	)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Ña	ıme)
(Document Number	
Certified Copies Certificate	•
Special Instructions to Filing Officer:	٠, ١
W09-353	393

Office Use Only



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## **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: ManagementLIVE, Inc.	•
~		poration - must include suffix
Dear S	ir or Madam:	
"Certif		tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please	return all correspondence concerning the	is matter to the following:
	Норе	Kamstra, CPA
	7	Name of Person
	Zuc	ker Forensics
	F	irm/Company
	1801 N. I	Military Tr., Ste 160
		Address
		Raton, FL 33431
	Cit	y/State and Zip code
	hkamstra@	zuckerforensics.com be used for future annual report notification)
F C	·	
For Iur	ther information concerning this matter,	please call:
Hope	Kamstra, CPA at (	561 392-5779
	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
Enclos	ed is a check for the following amount:	
<b>√</b> \$70	0.00 Filing Fee \$\int \frac{1}{2}\$78.75 Filing Fee &\int \text{Certificate of Sta}	<b>—</b> • —



August 4, 2009

HOPE KAMSTRA, CPA 1801 N. MILITARY TR., STE 160 BOCA RATON, FL 33431

SUBJECT: MANAGEMENTLIVE, INC.

Ref. Number: W09000035393

We have received your document for MANAGEMENTLIVE, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 909A00026642

## 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.

. <u>Managemer</u>	ILIVE, INC.					
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busine	ess in Flor	ida)	
Delaware		3.	27-0450810			
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)			
June 4, 2009	€	5.	Perpetual			
(Date	of incorporation)		(Duration: Year corp. will cease to exist or	"perpetua	ıl''')	
·						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
1345 Bear Isl	and Dr., West Palm Beach, FL 3					
	(Principal office					
1345 Bear Is	land Dr., West Palm Beach, FL 3	334	.09	ZΩ	90	
	(Current mailing			몵	306	
<u> </u>	awful business			ASSEE	27 P	1
(Purpose(s	) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)	卫公		
. Name and stree	et address of Florida registered agent: (	P.C	). Box NOT acceptable)		3: 49	
Name:	Hope Kamstra, CPA					
Office Address:	1801 N. Military Tr., Ste 160					
	Boca Raton		, Florida <u>33487</u>			
	(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.

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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09 AUG 27 PM 3: 49

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

A. DIRECTORS

Chairman:	SECRETARY OF STATE
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman	
Address:	
Address:	
Director:	
Address:	
B. OFFICE	as
President:	
Address:	
Vice President:	
Address:	
Secretary: Ho	pe Kamstra, CPA
Address: 180	1 N. Military Tr., Ste 160, Boca Raton, FL 33431
Treasurer:	
Address:	
<b>NOTE:</b> If no	cessary, you may attach an addendum to the application listing additional officers and/or directors.  (Signature of Director or Officer listed in number 12 of the application)
14. Hope K	amstra, CPA, Secretary
	(Typed or printed name and capacity of person signing application)

## Delaware

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09 APG 27 PH 3: 49

The First State

SECRETARY OF STATE TALLAHASSEE. FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MANAGEMENTLIVE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST,

A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

695204 8300

090788078

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 7481988

DATE: 08-18-09

You may verify this certificate online at corp.delaware.gov/authver.shtml