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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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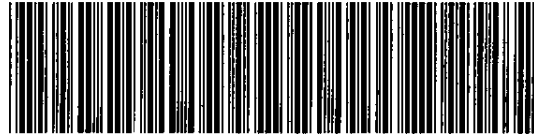
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lifestyle Management Associates, 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," or "Certificate of Good Standing" 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:

Dr. Jane Penty
Name of Person

Lifestyle Management Associates, Inc.
Firm/Company

802 Starkey St.
Address

The Villages, FL 32162
City/State and Zip code

PENTJ@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Penty at (800) 617-4615
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 Cop ☒ \$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. Lifestyle Management Associates 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. MA 3. 04-3547072
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan 24, 2001 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. 802 Starter St. The Villages, FL 32162
(Principal office address)

802 Starter St. The Villages, FL 32162
(Current mailing address)

8. nutrition continuing education courses
(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: Dr. Jane Penty

Office Address: 802 Starter St.

The Villages, FL, Florida 32162
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Dr. Jane Penty
(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.

A. DIRECTORS

Chairman: Dr. Jane Penty

Address: 802 Starkey St.

The Villages, FL 32162

Vice Chairman: Robert Penty

Address: 802 Starkey St.

The Villages, FL 32162

Director: Dr. Jane Penty

Address: same

Director: Robert Penty

Address: same

B. OFFICERS

President: Dr. Jane Penty

Address: same

Vice President: Robert Penty

Address: same

Secretary: Dr. Jane Penty

Address: same

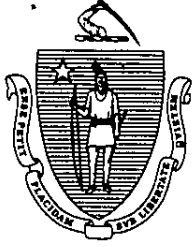
Treasurer: Robert Penty

Address: same

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

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

14. JANE PENTY, Chairman
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

October 27, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that

LIFESTYLE MANAGEMENT ASSOCIATES, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **January 24, 2001 (Chapter 180)**.

I also certify that so far as appears of record here, said corporation still has legal existence.

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.



William Francis Galvin

Secretary of the Commonwealth