F10000001200

(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:	
41-748	
Office Use Only	_
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	New Filing Section Division of Corpor				
CID	ECT:		etter Living, In	NC	
SUD	DECT:		ntion - must include suffix		
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"		for Authorization to Transa Standing" and check are substiness in Florida.		
Please	return all correspond	lence concerning this ma	atter to the following:		
			e of Person		
		A Bette	W Living, LMC Company		
		Firm/	Company		
		1600 Sout	th Ocean Dv. A	fp+ 10B	
	 	Α	ddress		
		Hollywoo	od Florida 3301	9	
		City/Sta fischeble	od Florida 3301 ate and Zip code a hot mail. Com		
		E-mail address: (to be us	sed for future annual report i	notification)	
For fu	rther information con	cerning this matter, plea	se call:		
	Bruce Fisca	kw at (95	4 707- 064	3	
	Name of Person	A	rea Code & Daytime Teleph	one Number	
	STREET/COURI	FD ADDDFSS.	MAILING A	nndfss.	
New Filing Section				New Filing Section	
Division of Corporations				Division of Corporations	
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314				
	Tallahassee, FL 32		i ananassee, i	L 32314	
Enclos	sed is a check for the	following amount:			
Ø \$70	0.00 Filing Fee 🛛	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	





RECEIVED

10 MAR -9 PM 12: 55

DA DEPARTMENT OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE

TALLAHASSEE, FLORIDA

February 11, 2010

BRUCE FISCHER A BETTER LIVING INC 1600 SOUTH OCEAN DR., APT. 10B HOLLYWOOD, FL 33019

SUBJECT: A BETTER LIVING, INC.

Ref. Number: W10000007148

We have received your document for A BETTER LIVING, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 610A00003577

March 5, 2010

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FI 32314

Subject: A Better Living, Inc Ref# W10000007148

Please find enclosed the certificate of existence for A Better Living, Inc. from the state of TN. Please approve my application to transact business in Florida.

Thank you.

Bruce Fischer, President-

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. A B	etter Living Inc proporation; must include "INCORPORATED," "COM	
	orporation; must include "INCORPORATED," "COM orp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"
	rain Blast Productions	ThC
(If name unavailal	ble in Florida, enter alternate corporate name adopted	I for the numose of transacting business in Florida)
2.	inder the law of which it is incorporated) $7 - 15 - 1999$	31 1642005
(State or country u	inder the law of which it is incorporated)	(FEI number, if applicable)
4.	3-15-1999 5. (Durati	per petual tion: Year corp. will cease to exist or "perpetual")
(Date o	of incorporation) (Durati	tion: Year corp. will cease to exist or "perpetual")
6		
	(Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, F.S.	to determine penalty liability)
7	917 Calloway Dr. 1	Brentwood TN 37027 + 10B Hollywood F1 33019
	(Principal office address)	
-	1600 South Ocean Dr. Apt	+ 10B Hollywood F/ 33019
	(Current mailing address)	<i>y</i>
8	Live trivia shows	
(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 1	NOT acceptable)
Name:	Bance Fischer	NOT acceptable)
Office Address:	1600 South Ocean Dr Apti	70B SSEY -9 F
	Hollywood, F	Florida 33019 Fig. 3
	(City)	(Zip code)
10. Registered age	ent's acceptance:	7 0
designated in this a further agree to co	application, I hereby accept the appointment as i mply with the provisions of all statutes relative to	rocess for the above stated corporation at the place registered agent and agree to act in this capacity. to the proper and complete performance of my du
unu 1 um jamuiar)	with and accept the obligations of my position as	is registereu agent.
	Brue Fische	
•••	(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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS President: BRUL Frscher
President: BRUC Fescher Address: 1600 South Ocean Dr Apt 10B
Holly wood F1 33019
Vice President:
Address:
Secretary: Bruce Fischer
Secretary: Bauce Fischer Address: 1600 South Ocean DV Apt 10B Hollywood Fl 33019
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13 Sun Jocher
(Signature of Director or Officer listed in number 12 of the application)
14. BRuce Fischer President and Secretary
(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

BRUCE FISCHER

917 CALLOWAY DR. Brentwood, TN 37027 USA February 23, 2010

Request #:

Request Type: Certificate of Existence/Authorization

0008655

Issuance Date: 02/23/2010

Copies Requested:

Document Receipt

Receipt #: 72865

Duration Term: Perpetual

Filing Fee:

\$20.00

Payment-Check/MO - BRUCE FISCHER, Brentwood, TN

\$20.00

Regarding:

A BETTER LIVING, INC.

Filing Type:

Corporation For-Profit - Domestic

Charter/Qualification Date: 03/15/1999

Status:

Active

Control #:

367534

Date Formed:

03/15/1999

Formation Locale: Williamson County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

A BETTER LIVING, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett, Secretary of State **Business Services Division**

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/