

# F10000004516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2010 OCT -8 P 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/11 11:5845

## COVER LETTER

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

**SUBJECT:** Anthus Life Corp.

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:

Peter Hellwig

Name of Person

Firm/Company

14951 Walden Springs Way #502

Address

Jacksonville, FL 32258

City/State and Zip code

peterh@anthuslife.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Hellwig

Name of Person

at (904) 509-4227

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2010

PETER HELLWIG  
14951 WALDEN SPRINGS WAY  
#502  
JACKSONVILLE, FL 32258

SUBJECT: ANTHUS LIFE CORP  
Ref. Number: W10000045845

We have received your document for ANTHUS LIFE CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 310A00023256

**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. Anthus Life Corp  
(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. Nevada 3. 27-0453417  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 4, 2009 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Not applicable  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13820 Old St. Augustine Road, Suite 113-185, Jacksonville, FL 32258  
(Principal office address)  
13820 Old St. Augustine Road, Suite 113-185, Jacksonville, FL 32258  
(Current mailing address)

8. Product Distribution throughout US  
(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: Peter Hellwig

Office Address: 14951 Walden Springs Way #502

Jacksonville, Florida 32258  
(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.*

  
(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Peter Hellwig

Address: 14951 Walden Springs Way #502  
Jacksonville, FL 32258

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

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

Director: Peter Hellwig

Address: 14951 Walden Springs Way #502  
Jacksonville, FL 32258

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

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

**B. OFFICERS**

President: Peter Hellwig

Address: 14951 Walden Springs Way #502  
Jacksonville, FL 32258

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

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

Secretary: Peter Hellwig

Address: 14951 Walden Springs Way #502, Jacksonville, FL 32258

Treasurer: Peter Hellwig

Address: 14951 Walden Springs Way #502, Jacksonville, FL 32258

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

13. 

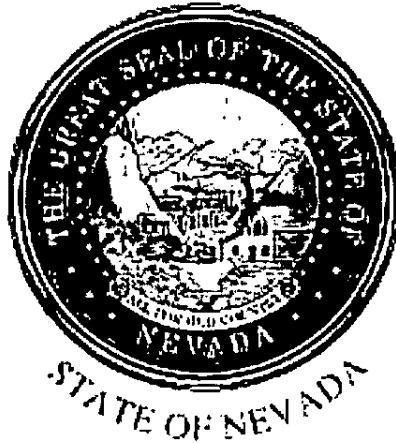
(Signature of Director or Officer listed in number 12 of the application)

14. Peter Hellwig

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

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STREET VIEW  
MALL/ATM SOCIETY BLDG.

# SECRETARY OF STATE



SECRETARY OF STATE  
WILLIAM B. STEPHENSON

2009 OCT - 8 P 3:38

FILED

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ANTHUS LIFE CORP**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 4, 2009, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 5, 2010.

A handwritten signature of Ross Miller in black ink.

ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20101005-1175  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>