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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEURETARY OF STATES
ALLAHASSEE, FLORING

J. Shivers FEB 21 2012!

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COVER LETTER

TO: New Filing Section Division of Corpo			
SUBJECT: LIVE \	WELL STORE	S. INC.	
SUBJECT:	,	ation - must include suffix	· · · · · ·
Dear Sir or Madam:			
	or "Certificate of Good"	n for Authorization to Transact Standing" and check are subnusiness in Florida.	
Please return all correspon	ndence concerning this m	natter to the following:	
LUCAS ROBIN	NSON		
		e of Person	
LIVE WELL S	TORES, INC.		
		/Company	
231 E. BEACH	1 DRIVE		
	A	Address	
PANAMA CITY, FI	L 32401		
	City/St	ate and Zip code	
LUCAS@LIVEWE			7 20
	E-mail address: (to be u	ised for future annual report no	otification)
For further information co	oncerning this matter, ple	ase call:	otification) 12 FEB 20
LUCAS ROBINSO	N _{at (} 85	0 ,366-8654	Photogram your proper page (PT)
Name of Person		area Code & Daytime Telepho	
STREET/COUR New Filing Section Division of Corporation Building 2661 Executive C Tallahassee, FL 3	on orations center Circle 32301	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction rporations
Enclosed is a check for the	e 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.

(If name unavai	lable in Florida, enter alternate corporate name adopted for the purpose of trans-	acting business in Florida)
2. DELAWAF	RE	
(State or country	y under the law of which it is incorporated) (FEI number, if	• •
4. JANUARY		
(Date	e of incorporation) (Duration: Year corp. will cea	se to exist or "perpetual")
6. NO BUSIN	NESS IN FL YET	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty li	
7.231 E. BEA	ACH DRIVE, PANAMA CITY, FL 32401	
	(Principal office address)	
231 E. B	EACH DRIVE, PANAMA CITY, FL 3240	
	(Current mailing address)	2012 SE: 'ALL
8 TO COND	UCT ONLINE ECOMMERCE	2012 FEB SECRET TALLAHA
	s) of corporation authorized in home state or country to be carried out in state or	
9. Name and stre	et address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	LUCAS ROBINSON	
Office Address:	231 E. BEACH DRIVE	29
	PANAMA CITY , Florida 32401	
	(City) (Zip code)	

(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.

LUCAS Robinson

12. Names and dusiness addresses of officers and/of directors.	
A. DIRECTORS	
Chairman: LUCAS ROBINSON	
Address: 231 E. BEACH DRIVE	
PANAMA CITY, FL 32401	
Vice Chairman: RODGER VISITACION	
Address: 231 E. BEACH DRIVE	
PANAMA CITY, FL 32401	
Director: LUCAS ROBINSON	· · · · · · · · · · · · · · · · · · ·
Address: 231 E. BEACH DRIVE	
PANAMA CITY, FL 32401	
Director: RODGER VISITACION	
Address: 231 E. BEACH DRIVE	
PANAMA CITY, FL 32401	
B. OFFICERS	
President: LUCAS ROBINSON	77 S
Address: 231 E. BEACH DRIVE	12 FEB
PANAMA CITY, FL 32401	B 20
Vice President: RODGER VISITACION	
Address: 231 E. BEACH DRIVE	O = v
PANAMA CITY, FL 32401	29 29
Secretary: LUCAS ROBINSON	
Address: 231 E. BEACH DRIVE, PANAMA CITY, FL 32401	
Treasurer: RODGER VISITACION	
Address: 231 E. BEACH DRIVE, PANAMA CITY, FL 32401	
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
13. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirm are true and that he or she is aware that false information submitted in a document to the D third degree felony as provided for in s.817.155, F.S.	ns that the facts stated herein epartment of State constitutes a
14. LUCAS ROBINSON CHAIRMAN	

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LIVE WELL STORES, 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 TWENTY-THIRD DAY OF

JANUARY, A.D. 2012.

2012 FEB 20 AH 9: 29
SECKE FARY OF STATE TALLAHASSEE, FI ORINA

5090483 8300

120033105

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 9314206 \)

DATE: 01-23-12

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