## F140000032002

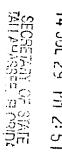
(Red	questor's Name)				
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	MAIT WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

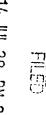
Office Use Only



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## **COVER LETTER**

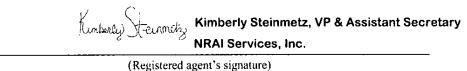
TO: New Filing Section Division of Corporations
Quality of Life Advisors, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:  Paul J. Tobin
Name of Person
Quality of Life Advisors, Inc.
Firm/Company 12190 Wellesley Court
Fort Myers, FL 33913
City/State and Zip code paul.tobin@qoladvisors.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul J. Tobin 718 312-8760
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 & □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 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. Quality of Life Advisors, Inc.

QOL Adviso	rs, Inc.			
Delaware	·	adopted for the purpose of transacting business in 46-4854151	Florida)	
(State or countr 2/17/2014	y under the law of which it is incorporated)  5.	(FEI number, if applicable) Perpetual		
(Date	of incorporation) 5.	(Duration: Year corp. will cease to exist or "perp	petual")	
12190 Welles		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
<u> </u>	(SEE SECTIONS 607.1501 & 607.15 sley Court, Fort Myers, FL 33913 (Principal office additional control of the court)	502, F.S., to determine penalty liability)  ress)		
<u> </u>	(SEE SECTIONS 607.1501 & 607.15 sley Court, Fort Myers, FL 33913	ress) PTS, FL 33912	SECRE	
13650 Fiddle	(SEE SECTIONS 607.1501 & 607.15 sley Court, Fort Myers, FL 33913 (Principal office additional stricks Blvd., Ste 202-267, Fort Mye	ress)  ors, FL 33912  orss)  ors, FL 33912  orss)	SECRETARY OF ST	
13650 Fiddle  Name and stree  Name:	(SEE SECTIONS 607.1501 & 607.15 sley Court, Fort Myers, FL 33913  (Principal office addresticks Blvd., Ste 202-267, Fort Myer  (Current mailing address of Florida registered agent: (P.C.)	ress)  ors, FL 33912  orss)  ors, FL 33912  orss)	(37)	
13650 Fiddle	(SEE SECTIONS 607.1501 & 607.15 sley Court, Fort Myers, FL 33913  (Principal office addressicks Blvd., Ste 202-267, Fort Myers)  (Current mailing address of Florida registered agent: (P.C.)  NRAI Services, Inc.	ress)  ors, FL 33912  orss)  ors, FL 33912  orss)	PH 2:	

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.



10. 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.

APPROVEL AND FILED

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

9 - 61 - 6 - e

A. DIRECTORS Paul J. Tobin Chairman:	14 JUL 29 PM 2:51
12190 Wellesley Court, Fort Myers, FL 33913	SECRETARY OF STATE
ice Chairman:	
ddress:	
irector:	
ddress:	
irector:	
ddress:	
OFFICERS Paul J. Tobin	
12190 Wellesley Court, Fort Myers, FL 33913	
Paul J. Tobin  ce President:  12190 Wellesley Court, Fort Myers, FL 33913  Idress:	
Paul J. Tobin	
12190 Wellesley Court, Fort Myers, FL 33913	
Paul J. Tobin easurer: 12190 Wellesley Court, Fort Myers, FL 33913	
OTE: If necossary, you may attach an addendum to the application	listing additional officers and/or directors.
Signature of Director or Of the officer or director signing this document (and who is listed in number true and that he or she is aware that false information submitted in third degree felony as provided for in s.817.155, F.S.  Paul J. Tobin. President	nber 12 above) affirms that the facts stated herein
3(Typed or printed name and capacity of person	n signing application)

## Delaware

The First State

14 JUL 29 PM 2:51

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUALITY OF LIFE ADVISORS, 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 SEVENTH DAY OF JULY, A.D. 2014.

5483055 8300

140906385

AUTHENTY CATION: 1511460

DATE: 07-07-14

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