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#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
ONE HEE ANAC	RICA II	NC.	
36 <b>B</b> 3E61:			
Name	or corporation	- mast merade surrix	
Dear Sir or Madam:			
"Certificate of Existence," or "Certificate	of Good Star	nding" and check are sub	
Please return all correspondence concern	ing this matte	r to the following:	
JAMES FLEMING	C	· ·	
	Name of	Person	
ONE LIFE AMERICA, IN	1C.		
	Firm/Con	npany	
3800 OLD HWY 45 N			
	Addr	ess	
MERIDIAN, MS 39301			
	City/State a	nd Zip code	
accounting@onelifeameric	a.com		
		for future annual report r	notification)
For further information concerning this m	eatter inlease (	rall:	
Tot tarties information concerning and in	accor, prouse c		
JAMES FLEMING	at 601	、693-8357	
Name of Person	Andress  Say 301  City/State and Zip code  Belifeamerica.com  E-mail address: (to be used for future annual report notification)  more ring this matter, please call:  MG  at (601 ) 693-8357  Area Code & Daytime Telephone Number  MAILING ADDRESS: morations  MAILING ADDRESS: morations  P.O. Box 6327  Tallahassee, FL 32314  S78.75 Filing Fee & \$\$78.75 Filing Fee & \$\$87.50 Filing Fee,		
STREET/COURIER ADDRESS New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:	New Filing Se Division of Co P.O. Box 6327	ction orporations
Enclosed is a check for the following amo	ount:		
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		\$78.75 Filing Fee & Certified Copy	<del></del>

## 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.

	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
	,	-		
	able in Florida, enter alternate corporate name	• • • • • • • • • • • • • • • • • • • •	ness in Flor	rida)
. MISSISS		64-0798107		
	ry under the law of which it is incorporated)	(FEI number, if applicabl	e)	
1/31/199	<u>1</u> 5.			
•	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
N/A				2015
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	13 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ÆR.
3800 OLE	HWY 45 N, MERIDIAN, I	MS 39301	NRY SSE	9
	(Principal office add	ress)		
3800 OLD	HWY 45 N, MERIDIAN, MS	39301	무성 당당	5:
	(Current mailing add	ress)	āñ	8
Name and stree	et address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)		
Name:	CT Corporation System			
ffice Address:	1200 South Pine Island Ro	<u>pad</u>		
	Plantation	, Florida 33324		
	(City)	(Zip code)		

#### 9. Registered agent's acceptance:

ONE LIFE AMEDICA INC.

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.

James M. Halpin
Assistant Secretary

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: DALVIN K. PARKER Address: 3800 OLD HWY 45 N MERIDIAN, MS 39301 Vice Chairman: HALLIE G. PHILLIPS\_ Address: 3800 OLD HWY 45 N MERIDIAN, MS 39301 GARY WADE PARKER Director: Address: 3800 OLD HWY 45 N MERIDIAN, MS 39301 Director: SCOTT D. ELLIOTT, JR. Address: 3800 OLD HWY 45 N MERIDIAN, MS 39301 **B. OFFICERS** President: SCOTT D. ELLIOTT, JR. -Address: 3800 OLD HWY 45 N MERIDIAN, MS 39301 Vice President: GARY WADE PARKER Address: \_3800 OLD HWY 45 N MERIDIAN, MS 39301 HALLIE G. PHILLIPS Address: 3800 OLD HWY 45 N, MERIDIAN, MS 39301 Treasurer: DALVIN K. PARKER Address: 3800 OLD HWY 45 N, MERIDIAN, MS 39301 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director of Officer The officer or director signing this document (and who is listed in humber 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SCOTT O. ELLIOTT, JR. PIRECTOR/PRESIDENT



#### DELBERT HOSEMANN Secretary of State

## Office of the Secretary of State Jackson, Mississippi

### Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 31st day of January, 1991, the State of Mississippi issued a Charter/Certificate of Authority to

#### ONE LIFE AMERICA, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said One Life America, Inc. is in good standing at this time.

Given under my hand and seal of office the 10th day of April, 2015

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN15008003

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx