# F16000005656

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

	ACCT. 120160000072		
Name:	Lifeomic, Inc		
Document #:			
Order #:	10297480		
Certified Copy of Arts & Amend:			······································
Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:	Country of Destin	ation:	
Filing:	Certified: Plain: COGS:		
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ 87.50		

Thank you!

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Lifeomic, Inc.			
	of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to t	of Good Star	iding" and check are sub	ct Business in Florida," mitted to register the
Please return all correspondence concern	ing this matter	r to the following:	
Jeffrey Swartz, Secretary			
	Name of	Person	
Lifeomic, Inc.			
	Firm/Con	ipany	
646 Hills Boulevard			
	Addre	ess	
Port Orange, FL 32127			
	City/State a	nd Zip code	
jeff.swartz@lifeomic.com			
E-mail address	: (to be used	for future annual report r	notification)
For further information concerning this m	atter, please o	eall:	
Jeffrey Swartz, Secretary	808	861-7576	
Name of Person	Area Cod	e Daytime Telepl	none Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a check for the following amo	ount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		\$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.

Lifeomic, Inc.			
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORAT	TON,"
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transa	acting business in Florida)
Delaware	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, i	if applicable)
September 15, 2	0016		
(Date	(Date of incorporation) 5.		ther than perpetual)
,	(Date first transacted business in l	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150		
4421 McCurdy R	oad, Indianapolis, IN 46234		
•		l office address)	
	(Current mailing	address, if different)	5.0 5.7
			(This is the second of the sec
3. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	Superior
Name:	C T Corporation System		
Office Address:	1200 South Pinc Island Road		PS A D
	Plantation	, Florida <sup>33324</sup>	9: 31
	(City)	(Zip code)	- <b>P</b> -
Having been nam designated in this urther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re familiar with and accept the obligations of C T Corporation Sy	ent as registered agent and lative to the proper and con my position as registered a	agree to act in this capacity. mplete performance of my
By:	Nathan Giffin Nathan Giffi (Registered ag	n, Assistant Secretary	
	(Registered ag	gent's signature)	
10. Attached is a	certificate of existence duly authenticated, r	not more than 90 days prior	to delivery of this application

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 direct	tors
--	------

A. DIK	Devel 1 Day	
Chairman	Donald E. Brown	
Address:	4421 McCurdy Road, Indianapolis, IN 46234	
II: O		
	rman:	
Address:		· <u> </u>
Director:		
D: .		
Director:		eral control
Address:		amend and a second
B. OFF	ICERS	at in
President	Donald E. Brown	F ST O
	4421 McCurdy Road, Indianapolis, IN 46234	ORID ORID
riuuress.		<del></del>
		<del></del>
Vice Pres	ident:	
Address:		
Secretary	Jeffrey Swartz	
Address:	646 Hills Boulevard, Port Orange, FL 32127	
	Jeffrey Swartz	
Address:	646 Hills Boulevard, Port Orange, FL 32.127	
NOTE:	If necessary, you may attach an addendum to the application listing additional	Lofficers and/or directors
	Donall & Born	officers and/or directors.
12	Signature of Director or Officer	
	ter or director signing this document (and who is listed in number 11 above) a	
	and that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.	ie Department of State constitutes
13. Don	ald E. Brown, President	
	(Typed or printed name and capacity of person signing applica-	ation)

\_\_\_\_\_.

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LIFEOMIC, 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 TWELFTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFEOMIC, INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203495402

Date: 12-12-16

6152428 8300 SR# 20167035374