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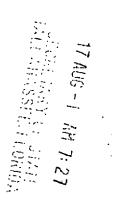
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Office Use Only



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COVER LETTER

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CHID	HOMI JECT:	ELIFE ACADEMY, I	NC.			
SUDI	EC1:	Namo	of corporation	n - must	include suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existe	ence," or "Certifical	e of Good St	anding'' a	nd check are sul	
	return all corr OLAS B. LATII	=	ning this matt	er to the	following:	
			Name o	f Person		
SPRA	GINS, BARNE	TT & COBB, PLC				
			Proporations IFE ACADEMY, INC. Name of corporation - must include suffix tion by Foreign Corporation for Authorization to Transact Business in Florida, "re," or "Certificate of Good Standing" and check are submitted to register the gn corporation to transact business in Florida. pondence concerning this matter to the following: ER Name of Person & COBB, PLC Firm/Company E STREET Address E 38301 City/State and Zip code E-mail address: (to be used for future annual report notification) I concerning this matter, please call: Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314 The following amount: S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status			
312 E.	AST LAFAYET	"Application by Foreign Corporation for Authorization to Transact Business in Florida," Existence," or "Certificate of Good Standing" and check are submitted to register the ced foreign corporation to transact business in Florida. all correspondence concerning this matter to the following: LATIMER Name of Person ARNETT & COBB, PLC Firm/Company FAYETTE STREET Address ENNESSEE 38301 City/State and Zip code aw.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: timer at (1) Area Code Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations n Building Executive Center Circle Dassee, FL 32301 check for the following amount: ling Fee \$78.75 Filing Fee & \$878.75 Filing Fee, Certificate of Status Certified Copy Certificate of Status				
			Ado	lress	<u> </u>	
JACK	SON, TENNES	SEE 38301				
			City/State	and Zip o	ode	
nbl@s	praginslaw.com					
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Nicho	las B. Latimer			424	-0461	
-	Name of Pe	rson	- ' \) ode	Daytime Telep	phone Number
	Registration Division of C Clifton Build 2661 Execut	Section Corporations ding ive Center Circle	SS:		Registration S Division of C P.O. Box 632	Section orporations 7
Enclos	sed is a check t	for the following an	iount;			
□ \$7	0.00 Filing Fee				-	

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.

HOMELIEE ACADEMY INC.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	v ,"
	ble in Florida, enter alternate corporate name	• •	ng business in Florida)
TENNESSEE	3.	83-0373817	
(State or country	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
10/31/2003	5.	perpetual	
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
	(Date first transacted business it (SEE SECTIONS 607.1501 & 607.1		ity)
3563 N. HIGHLA	AND AVENUE, JACKSON, TENNESSEE 38	305	
	(Princi)	pal office address)	
P.O. BOX 11688	, JACKSON, TENNESSEE 38308	,,	177
-	(Current maili	ng address, if different)	1.00 P
		o b Nor	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Tyler Parkerson		7: 2 -3:33 -0:01
ffice Address:	2475 Palm Bay Road, NE, Suite 145 #10		7
moc rigatess,	Palm Bay	32905 , Florida	
	(City)	(Zip code)	
aving been nam esignated in this orther agree to co	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes amiliar with and accept the obligations of	ment as registered agent and ag relative to the proper and compl	ree to act in this cap ete performance of i
-	N. V. YOM	agent's signature)	

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 David Parkerson Chairman: 3563 N. Highland Ave., Jackson, Tennessee 38305 Address: April Parkerson Vice Chairman: _ 3563 N. Highland Ave., Jackson, Tennessee 38305 James Knowlton Director: 3563 N. Highland Ave., Jackson, Tennessee 38305 Address: Trevor Honeycutt Director: 3563 N. Highland Ave., Jackson, Tennessee 38305 Address: _ John Pitman, 3563 N. Highland Ave., Jackson, Tennessee 38305 B. OFFICERS Angela McKee (Chief Business Officer) President: 3563 N. Highland Ave., Jackson, Tennessee 38305 Address: April Parkerson (Director of Marketing) Vice President: 3563 N. Highland Ave., Jackson, Tennessee 38305 Address: ____ Lynn Knowlton (Chief Academic Officer) Secretary: ___ 3563 N. Highland Ave., Jackson, Tennessee 38305 Address: Treasurer: ___ Address: _ NOTE: If necessary, you may arach an addendum to the application listing additional officers and/or directors. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

Angela McKee, Chief Business Officer



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

NICHOLAS B. LATIMER

June 19, 2017

312 EAST LAFAYETTE STREET JACKSON, TN 38301

Request Type: Certificate of Existence/Authorization

Issuance Date: 06/19/2017

Request #:

0241621

Copies Requested:

Document Receipt

Receipt #: 003431344

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3704725181

\$20.00

Regarding:

HOMELIFE ACADEMY, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 10/31/2003

Control #:

456761

Status:

Active

Date Formed:

10/31/2003

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: MADISON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

HOMELIFE ACADEMY, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 022942528