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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

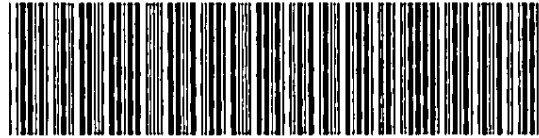
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2017 AUG 28 PM 3:50  
CLERK OF COURT  
TALLAHASSEE, FL 32301

K. SALY

AUG 30 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Life Corporation of NJ, 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:

John Turner

\_\_\_\_\_  
Name of Person

John Turner

\_\_\_\_\_  
Firm/Company

503 N. Highland St.

\_\_\_\_\_  
Address

Memphis TN 38122

\_\_\_\_\_  
City/State and Zip code

Bookkeeping@Memphistax.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Turner

901

323-0714

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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 &  
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.*

1. Life Corporation of NJ, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Tennessee 3. 20-8807874  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/29/2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 09/01/2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 603 Central Florida Pk., # 104 Orlando FL 32824  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Chetankumar Raval
- Office Address: 603 Central Florida Pk., # 104
- Orlando, Florida 32824  
(City) (Zip code)

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

*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.*

Chetankumar Raval  
(Registered 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.

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IN THE OFFICE OF THE  
CLERK OF THE STATE  
DEPARTMENT OF STATE

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

**A. DIRECTORS**

Chairman: Chetankumar Raval

Address: 603 Central Florida Pk., # 104  
Orlando FL 32824

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Shurbhi Raval

Address: 603 Central Florida Pk., # 104  
Orlando FL 32824

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Chetankumar Raval

Address: 603 Central Florida Pk., # 104  
Orlando FL 32824

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Shurbhi Raval

Address: 603 Central Florida Pk., # 104, Orlando FL 32824

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

2. Chetankumar Raval

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.

Chetankumar Raval, President, Chairman of the Board of Directors

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

FILED  
2017 AUG 28 PM 3:50  
CLERK OF THE CIRCUIT COURT  
JANET L. HARRIS, CLERK  
TALLAHASSEE, FLORIDA



**Tre Hargett**  
Secretary of State

FILED

2017 AUG 28 PM 3:50

SECRETARY OF STATE  
JALAHASSEE, FLORIDA

**Division of Business Services**  
**Department of State**

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

**JOHN H TURNER**  
503 N HIGHLAND  
MEMPHIS, TN 38122

August 22, 2017

**Request Type: Certificate of Existence/Authorization**  
Request #: 0248291

Issuance Date: 08/22/2017  
Copies Requested: 1

**Document Receipt**

Receipt #: 003541932  
Payment-Credit Card - State Payment Center - CC #: 3709409449

Filing Fee: \$20.00  
\$20.00

**Regarding: LIFE CORPORATION OF NJ INC.**

Filing Type: For-profit Corporation - Domestic  
Formation/Qualification Date: 04/29/2013  
Status: Active  
Duration Term: Perpetual  
Business County: SHELBY COUNTY

Control #: 717813  
Date Formed: 04/29/2013  
Formation Locale: TENNESSEE  
Inactive Date:

**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

**LIFE CORPORATION OF NJ 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.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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