

F200000001058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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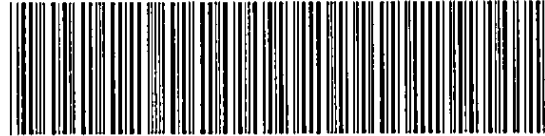
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL 32301
P: 866.625.0838
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COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/26/2020

Name: Merritt Walker

Reference #: 1192388

Entity Name: PLANNED LIFESTYLE SERVICES, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$78.75

Signature: 

**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. Planned Lifestyle Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. 26-3460221
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/25/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 150 Smith Road - 2nd Floor, Parsippany, NJ 07054
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company

Lynn Cannellongo, Assistant VP

By: [Signature]

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Robert A. Francis

☐ Vice Chairman Address: _____

☒ Director 150 Smith Road - 2nd Floor

☒ President Parsippany, NJ 07054

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Douglas G. Cooke

☐ Vice Chairman Address: _____

☒ Director 1255 Bay Street, Suite 600

☐ President Toronto, ON M5R 2A9

☐ Vice President Canada

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: David Han

☐ Vice Chairman Address: _____

☐ Director 150 Smith Road - 2nd Floor

☐ President Parsippany, NJ 07054

☐ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Astrit (Tony) Gorana

☐ Vice Chairman Address: _____

☐ Director 150 Smith Road - 2nd Floor

☐ President Parsippany, NJ 07054

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other COO ☐ Other _____

☐ Chairman Name: Dino Iuliano

☐ Vice Chairman Address: _____

☐ Director 150 Smith Road - 2nd Floor

☐ President Parsippany, NJ 07054

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CRO ☐ Other _____

☐ Chairman Name: Charles M. Fallon

☐ Vice Chairman Address: _____

☒ Director 1855 Griffin Rd. Suite A-330

☐ President Dania Beach, FL 33004

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.

Robert Francis

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.

13.

Robert A. Francis, President, CEO and Director

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

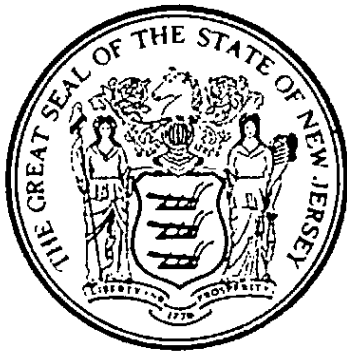
PLANNED LIFESTYLE SERVICES, INC.
0100995941

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 25, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

PHILIP D NEUER ESQ
NEUER LAW, LLC
1875 MCCARTER HIGHWAY
NEWARK, NJ 07104



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of February, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6105315684

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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TALAMON, J. (1000)