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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

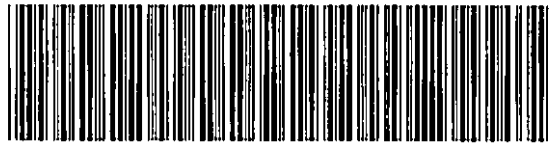
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YES TO MORE LIFE, 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:

KATHY BRIDGES

Name of Person

YES TO MORE LIFE, INC.

Firm/Company

7901 4th St N Ste 300

Address

St. Petersburg, FL 33702

City/State and Zip code

kathy@yesmorelife.com

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

For further information concerning this matter, please call:

KATHY BRIDGES

at ( 951 ) 990-4462

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. YES TO MORE LIFE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA

(State or country under the law of which it is incorporated)

3. 85-0771979

(FEI number, if applicable)

4. March 12, 2020

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. NA

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 4th St N Ste 300, St Petersburg, FL 33702

(Principal office street address)

8805 Tamiami Tr N #341, Naples, FL 34108

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Northwest Registered Agent

Tom Glover

Office Address:

7901 4th St N STE 300,

St. Petersburg, FL

(City)

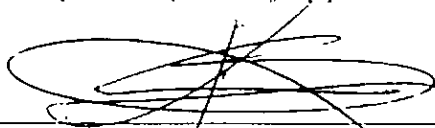
, Florida

33702

(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.*



(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]:

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TALLAHASSEE, FLORIDA

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**BOARD MEMBERS**

☐ **Chairman** \_\_\_\_\_  
☐ **Vice Chairman** \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_

☐ **Chairman** Name \_\_\_\_\_  
☐ **Vice Chairman** Address \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_  
☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_

☐ **Chairman** \_\_\_\_\_  
☐ **Vice Chairman** \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_  
☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_

☐ **Chairman** Name \_\_\_\_\_  
☐ **Vice Chairman** Address \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_  
☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_

☐ **Chairman** \_\_\_\_\_  
☐ **Vice Chairman** \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_  
☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_

☐ **Chairman** Name \_\_\_\_\_  
☐ **Vice Chairman** Address \_\_\_\_\_  
☐ **Director** \_\_\_\_\_  
☐ **President** \_\_\_\_\_  
☐ **Vice President** \_\_\_\_\_  
☐ **Secretary** \_\_\_\_\_  
☐ **Treasurer** \_\_\_\_\_  
☐ **Other** \_\_\_\_\_

I hereby certify that the foregoing is a true and correct copy of the information contained in the Annual Report of the \_\_\_\_\_

Signature of \_\_\_\_\_

I hereby certify that the foregoing is a true and correct copy of the information contained in the Annual Report of the \_\_\_\_\_

I hereby certify that the foregoing is a true and correct copy of the information contained in the Annual Report of the \_\_\_\_\_

# A. DIRECTORS

☒ Chairman Name: Kathy Bridges  
☒ Vice Chairman Address: 8805 Tamiami TR N #341  
☒ Director Naples, FL 34108  
☒ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer \_\_\_\_\_  
☒ Other \_\_\_\_\_ ☒ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ 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. Kathy Bridges  
 \_\_\_\_\_  
 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 §817.155, F.S.

13. Kathy Bridges  
 \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

ENTITY NAME:

YES TO MORE LIFE, INC

FILE NUMBER: C4577465  
FORMATION DATE: 03/12/2020  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 09, 2022.

Shirley N. Weber, Ph.D.  
Secretary of State