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Name:	Life Knight, Inc.
Document #:	
Order #:	14790349 - 11
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 78.75

Thank you!

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Life Knight, Inc.			
001747	Name o	of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certi:	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stan	ding" and check are sub	
Please	return all correspondence concerni	ng this matter	to the following:	
Avery	Piantedosi			
	· · · · · · · · · · · · · · · · · · ·	Name of I	Person	
Life K	night, Inc.			
		Firm/Com	pany	
117 Sa	bal Ridge Lane			
		Addre	ess	
Melboi	irne Beach, Florida 32951			
		City/State ar	nd Zip code	· · · · · · · · · · · · · · · · · · ·
avery@	gsafelois.com			
	E-mail address	: (to be used f	or future annual report i	notification)
For fu	ther information concerning this m	atter, please c	all:	
Avery	Piantedosi	at (248	670-4064	
	Piantedosi Name of Person	Area Code	: Daytime Telep	hone Number
	STREET/COURIER ADDRES: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Please	ed is a check for the following amomake check payable to: FLORIDA DI 0.00 Filing Fee	EPARTMENT g Fee & ■	OF STATE I \$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.

Life Knight, Inc.	2.		
	corporation; must include "INCORPORATED," " corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)
2. Delaware	3.		
(State or counti	y under the law of which it is incorporated)	(FEI number, if app	licable)
4. February 17, 20	223		
(Date	c of incorporation) 5	(Date of duration, if other th	ian perpetual)
6.			
	(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502		y)
7. 117 Sabal Ridge	Lane, Melbourne Beach, FL 32951		
	(Principal office	street address)	
			202
	(Current mailing a	ddress, if different)	2028 FFT 24
8. Name and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	21:
Name;	Avery Piantedosi	<u></u>	ų.,
Office Address:	117 Sabal Ridge Lane	_	æ. 53
	Melbourne Beach	. Florida	ω
	(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.

(Registered agent 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.

A. DIRECTORS				
□Chairman	Name: Avery Piantedosi	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Melbourne Beach, FL 32951	□Director		
President		□President		
□Vice President		□Vice President	***	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer	
□Other	Other	□Other	(Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary	Treasurer	
□Other	□Other	□Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	Other	
	Jse an attachment to report more than six (6). The added to the index when filing your Florida Department.			
12	In The			
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.				

Avery Piantedosi

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LIFE KNIGHT, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D.

2023.

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

Authentication: 202775632

Date: 02-23-23