

F230000005356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

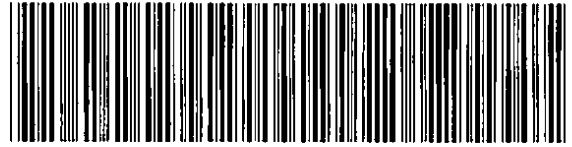
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 SEP -5 PM 12:49  
STATE OF MISSISSIPPI  
TALLAHASSEE, FL

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
LIFE CLIPS, INC.

**SUBJECT:** \_\_\_\_\_  
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:  
Victoria Rudman

\_\_\_\_\_  
Name of Person  
Life Clips, Inc.

\_\_\_\_\_  
Firm/Company  
2875 Northeast 191 Street, Suite 500 - #218

\_\_\_\_\_  
Address  
Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip code  
vrudman@lifeclips.com

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

For further information concerning this matter, please call:

Victoria Rudman                      917                      816-6865  
\_\_\_\_\_  
Name of Person                      at (                      )                      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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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 Clips, Inc.

1. \_\_\_\_\_

(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)  
Wyoming 46-2378100

2. \_\_\_\_\_ 3. \_\_\_\_\_

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

(FEI number, if applicable)

April 20, 2021

4. \_\_\_\_\_ 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)

2875 Northeast 191 Street, Suite 500 - #218, Aventura, FL 33180

7. \_\_\_\_\_

(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Registered Agents Inc

Name: \_\_\_\_\_

7901 4th St N, STE 300

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

St. Petersburg

33702

\_\_\_\_\_, Florida \_\_\_\_\_

(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.*

*David Roberts*

\_\_\_\_\_  
(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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TALLAHASSEE  
FLORIDA

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

**A. DIRECTORS**

Robert Grinberg

Chairman:

2875 Northeast 191 Street, Suite 500 - #218

Address:

Aventura, FL 33180

Vice Chairman:

Address:

Victoria Rudman

Director:

2875 Northeast 191 Street, Suite 500 - #218

Address:

Aventura, FL 33180

Director:

Address:

**B. OFFICERS**

Robert Grinberg

President:

2875 Northeast 191 Street, Suite 500 - #218, Aventura, FL 33180

Address:

Vice President:

Address:

Secretary:

Address:

Victoria Rudman

Treasurer:

2875 Northeast 191 Street, Suite 500 - #218, Aventura, FL 33180

Address:

**NOTE:** If necessary, you may attach 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.

Robert Grinberg

13.

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

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Life Clips, Inc.**  
is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **April 20, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000998288**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of August, 2023 at 10:01 AM. This certificate is assigned ID Number 064588831.



  
Secretary of State