## F98000000780

Qualification/Tax Lien Section To: **Division of Corporations** SUBJECT: LifeTime Capital, Inc. (Name of corporation - must include suffix) Dear Sir or Madam: \*\*\*\*\*70.00 \*\*\*\*\*70.00 The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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: Joyce Kennard-(Name of Person) LifeTime Capital, Inc. (Firm/Company) 1 Prestige Place, Suite 210 (Address) 45342 Miamisburg, Ohio (City/State/Zip) Should you need to call someone concerning this matter, please call: at ( 937

## **COURIER ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

(Name of Person)

## **MAILING ADDRESS:**

(Area Code & Daytime Telephone Number)

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## 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.	LifeTi	me Capital Inc.	
	words or abbr	oration; must include the word "INCORPORATED", "COMPANY", "Containing the import in language as will clearly indicate that it is a corpor partnership if not so contained in the name at present.)	
2.	Nevada	<sub>3</sub> 86-0873350	0 -
	(State or count	ry under the law of which it is incorporated)  3. 86-0873350 (FEI nu	ımber, if applicable)
4.	May 9,	1997 5. Perpetual (Duration: Year corp. will cease	4 777
	(D	ate of incorporation) (Duration: Tear corp. will cease	to exist or perpetual")
6.	— Data fir	Upon_filing st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502;	
	,	• •	and 817.155, F.S.)
7.	Life	Time Capital, Inc.	98 NVS
	1 Pr	estige Place, Suite 210 Miamisburg, Ohio	o 45342
		(Current mailing address)	-9
8.	Viati	cal settlements	a state of Florida)
		e(s) of corporation authorized in home state or country to be carried out in	n state of Florida)
9.	Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop	Box NOT acceptable)
	Name:	C T Corporation System	
Of	fice Address:	1200 S. Pine Island Road	
		Plantation, Florida 33324 , Florida,	
		(Zip co	de)
10.	. Registered	agent's acceptance:	
in i	this application nply with the p	ned as registered agent and to accept service of process for the above state, I hereby accept the appointment as registered agent and agree to act is rovisions of all statutes relative to the proper and complete performance ligations of my position as registered agent.	n this canacity. I further goree to
			Monica Mahon Assistant Secretary
			-

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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. ,DIRE	CTORS (Street address only - P.O. Box NOT acceptable)		
Chairman:			<del></del>
Address: _	- · · · · · · · · · · · · · · · · · · ·		
_		<u></u>	
Vice Chair	man:	· 	
Address:		-	
_			
Director:	Nanette M. Zima		
Address: _	156 Manla Street #57		
-	Vandalia, OH 45377		
Director:			•
Address: _			
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)	-18 <del>6</del>	DI VIS
President:	Nanette M. Zima	8	22 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24
Address: _	156 Maple Street, #57	9	FART CONTE
_	Vandalia, OH 45377		POX.
Vice Presid	lent:	42	
			-
_			
Secretary:	Douglas A. Kordel		
Address:	2071-É-Lakewood, Kettering, OH 45420		
_			
 Treasurer:	Nanette M. Zima		-
Address:	156 Maple Street, #57		<del>-</del>
. xuu 055.	Vandalia, OH 45377		-
			<u> </u>
_	necessary, you may attach an addendum to the application listing additional officers and/or directors.		
.3	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	·	
4.	Nanette M. Zima, President		
·	(Typed or printed name and capacity of person signing application)		



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LIFETIME CAPITAL INC.** as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 9, 1997 and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 11, 1997.

Secretary of State-

Certification Clerk