## M0400003424

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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THE PARK OF STATES

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2017

PHILLIP R WASSERMAN 3231 GULF GATE DR STE 202 SARASOTA, FL 34231

SUBJECT: PHILLIP ROY FINANCIAL SERVICES, LLC

Ref. Number: M04000003424

We have received your document for PHILLIP ROY FINANCIAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 317A0001,95,75

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Phillip Ray Finant	Cial Scrvices, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Phillip R. Wassaman Name of Person	<del></del>
Fastlife, LLC Firm/Company	
3231 GUIF GATE Drive Stc. 2	202
Sarasotz, FL 34231 City/State and Zip Code	
E-mail address: (to be used for future annual re	
For further information concerning this matter, pl	
Phillip Wasserman a Name of Person	t (941 ) 726-3183 SEE = T
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\ \int \\$25 \text{ Filing Fee}  \text{ \$30 \text{ Filing Fee & Certificate of Status} \]	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of	
State: Phillip Roy Francia	u services, LLC	
<u> </u>	3231 GUIF leate prive Ste 202	
Enter new principal office address, if apprecione.		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Surasota, R. 34231	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia		
3. Jurisdiction of its organization: Florida	<u> </u>	
4. Date authorized to do business in Florida:O	8/20/2004	
SECTION 11 (5-9 complete only the applicable	changes)	
5. New name of the limited liability company:	Fastlife, ILC	
(mus	t contain "Limited Liability Company, ""L.L.C.," or "LLC.")	
	F. R	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C.	I for the purpose of transacting business in Filorida and attach a naging members adopting the alternate name. The alternate name.	
6. If amending the registered agent and/or registers	ed officer address on our records, enter the name of the new	
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent: NIA	672 Z:	
New Registered Office Address:	or w	
-	Enter Florida Street Address	
	, Florida	
	City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regis.	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited	

e/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			Remov
			Remov
			Add
			Remove
			Add
		Remove	
Attached is a certific	icate, if required: no more than 9	10 days old, evidencing the	Add of Remove

Filing Fee: \$25.00

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FASTLIFE, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTH DAY OF OCTOBER, A.D. 2017.





3833934 8300

SR# 20176383757

Authentication: 203348705

Date: 10-05-17