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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

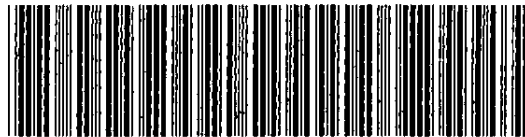
(Business Entity Name)

(Document Number)

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

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300131501953

06/23/08--01014--023 \*\*79.75

07/22/08--01001--004 \*\*51.25

FILED  
08 JUL 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 28 2008

EXAMINER

1008-30364

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFETIME BENEFITS, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

KENNETH E. SCLE  
(Name of Person)

LIFETIME BENEFITS, LLC  
(Firm/Company)

843 E QUINCE ORCHARD BLVD  
(Address)

GAITHERSBURG, MD 20878  
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH E. SCLE at (301) 503 9695  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
09 JUL 18 AM 10:31  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

June 24, 2008

KENNETH E SCHEE  
LIFETIME BENEFITS, LLC  
843 E QUINCE ORCHARD BLVD  
GAITHERSBURG, MD 20878

SUBJECT: LIFETIME BENEFITS, LLC  
Ref. Number: W08000030366

We have received your document for LIFETIME BENEFITS, LLC and check(s) totaling \$79.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$51.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 408A00038052



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 JUL 25 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 21, 2008

KENNETH E SCEE  
LIFETIME BENEFITS, LLC  
843 E QUINCE ORCHARD BLVD  
GAITHERSBURG, MD 20878

SUBJECT: LIFETIME BENEFITS, LLC  
Ref. Number: W08000030366

We have received your document for LIFETIME BENEFITS, LLC and your check(s) totaling \$131.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 108A00042365

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LIFETIME BENEFITS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. MARYLAND 3. 52 206 1917  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/9/97 5. 50 YEARS  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. NONE  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 843 E QUINCE ORCHARD BLVD  
GAITHERSBURG, MD 20878  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

<u>Therese H Anderson</u>	<u>MGRM</u>	<u>843 E Quince Orchard Blvd</u>
<u>Richard L Stone</u>	<u>MGRM</u>	<u>Gaithersburg, MD 20878</u>
<u>Kenneth E Scee</u>	<u>MGRM</u>	<u>843 E Quince Orchard Blvd</u>
		<u>Gaithersburg, MD 20878</u>
		<u>285 W Cahill Ct</u>
		<u>Big Pine Key, FL 33043</u>

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: SALE OF LIFE  
AND HEALTH INSURANCE AND RETIREMENT PLANS

Kenneth E. Scee  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KENNETH E. SCÉE  
Typed or printed name of signee

FILED  
08 JUL 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LIFETIME BENEFITS, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

KENNETH E. SCHEE  
(Name)

285 W CAHILL CT

Florida Street Address (P.O. Box NOT ACCEPTABLE)

BIG PINE KEY, FL 33043  
City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
08 JUL 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LIFETIME BENEFITS, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 19, 2008.



Paul B. Anderson  
Charter Division



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice  
Fax (410) 333-7097

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