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SECRETARY OF STATE

T. HAMPTON AUG 2 1 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: NEXTLIFE BUSINESS SOI	LUTIONS, LLC
(Name of Lim	ited Liability Company)
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
GARY RUBIN	
(Na	me of Person)
NEXTLIFE BUSINESS SO	LUTIONS, LLC
(Fir	m/Company)
2080 NW BOCA RATON E	BLVD, SUITE 6
	(Address)
BOCA RATON, FL 33431	
(City/Sta	ate and Zip Code)
For further information concerning this matter, ple	ase call:
GARY RUBIN	at ( 561 ) 376-1090
(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:  \$\sum \\$125.00 \text{ Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Cop

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT 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. NEXTLIFE BUSINESS SOLUTIONS, 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 writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. DELAWARE 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 8/3/07  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. 8/1/08
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2080 NW BOCA RATON BLVD, SUITE 6 全型 景 元
BOCA RATON, FL 33431
(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:
NEXTLIFE HOLDINGS, LLC
2080 NW BOCA RATON BLVD, SUITE 6
BOCA RATON, FL 33431
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: SALES AND MARKETING
- Alalieu.
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.)

GARY RUBIN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

## 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:			
NEXTLIFE BUSINESS SOLUTIONS, 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:			
GARY RUBIN			
(Name)	_		
2080 NW BOCA RATON BLVD, SUITE 6			
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_		
BOCA RATON, FL.			
City/State/Zip	_		
Having been named as registered agent and to accept service of process for the above soliability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida (Signature)	tment a. f all sta ind acc	s regi. itutes ept the	stered
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	ARY OF	20	ILE

**Certified Copy (optional)** 

Certificate of Status (optional)

\$ 30.00

# Delaware

PAGE

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXTLIFE BUSINESS SOLUTIONS, 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 TWELFTH DAY OF AUGUST, A.D. 2008.

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

4401507 8300

080864490

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6786018

DATE: 08-12-08

You may verify this certificate online at corp. delaware. gov/authver. shtml