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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Elite Retirement Planning Systems, LLC (Name of Limited Liability Company)			
	ility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited		
-Please return all correspondence concerning this ma	tter to the following:		
R. Nathan Hightower			
(Name of Person)			
(Firm	n/Company)		
2536 Countryside Blvd.	6th Flr		
(.	Address)		
Clearwater FL 33763			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
R. Nathan Hightower (Name of Person)	at ( 727 ) 726-0726 (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:  \$\Begin{align*} \pm	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy		



September 9, 2008

R. NATHAN HIGHTOWER 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763-3

SUBJECT: ELITE RETIREMENT PLANNING SYSTEMS, LLC

Ref. Number: W08000041882

We have received your document for ELITE RETIREMENT PLANNING SYSTEMS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6067.

Letter Number: 408A00049369

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## APPLICATION BY FOREIGN LIMITED CIABILITY 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. Elite Retirement Planning Systems, 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 w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	ritten Y
<sub>2.</sub> Delaware <sub>3.</sub>	
2. Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	
4. September 4, 2008 5. Perpetual (Duration: Year limited liability company will cease to	
exist or "perpetual")	onies.
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	1
7. 2536 COUNTRYSIDE BLUD GTH.FLR TO TO	υ V
7. 2536 COUNTRYSIDE BLUD 6714-FLR STATES STORY CLEARWATER FL 33763 (Street Address of Principal Office)	
CLEARWATER FL 33763 55 Significant Control of Street Address of Principal Office)	41.736
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:	
Timothy O North, 2536 Countryside Blvd 6th Fl., Clearwater FL 33763	)
Timothy O North, 2556 Countryside Bivd off Fr., Clearwater FL 55765	)
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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.)	rds in
11. Nature of business or purposes to be conducted or promoted in Florida:	
•	
IMO 1	
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.)	
R. Nathan Hightower, Esq	

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:	
Elite Retirement Planning Systems, 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:	
R. Nathan Hightower, Esq.	M
2536 Countryside Blvd. 6th Flr Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Clearwater FL 33763 FL City/State/Zip	.eeffice.

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)

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELITE RETIREMENT PLANNING SYSTEMS, 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 SEPTEMBER, A.D. 2008.

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Darriet Smile Hindre

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6832983

DATE: 09-05-08