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,
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(Address)
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PICK-UP WAIT MAIL
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2010 APR 19 PM 3: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Apr. 20, 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Life Finance Capital, LLC Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	return all correspondence concerning this matter to the following:
	Ira L. Brody Name of Person
	Life finance capital, LLC Firm/Company
	6815 Halls Hill Pike Address
	MUFFRES boro, TN 37130 City/State and Zip Code
	Ira. Brody@broodparkcapital.com E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
	Meg Lavin at (503) 216-5125 Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount: \$\int_{\$125.00}\$ \text{Filing Fee} \text{\$\int_{\$130.00}\$ \text{Filing Fee & Certificate of Status}} \text{\$\int_{\$155.00}\$ \text{Filing Fee & Certified Copy}} \text{\$\int_{\$160.00}\$ \text{Filing Fee, Certified Copy}} \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \text{\$\int_{\$160.00}\$ \$\int_{



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2010

IRA L. BRADY LIFE FINANCE CAPITAL, LLC 6815 HALLS HILL PIKE MURFREESBORO, TN 37130

SUBJECT: LIFE FINANCE CAPITAL LLC

Ref. Number: W10000015731

We have received your document for LIFE FINANCE CAPITAL 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):

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.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00007811

Attn: carolyn Lewis Ref #: W10000015731

COVER LETTER

Division of Corporations		
SUBJECT: Life Finance Capital, 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:		
Ira L. Brody Name of Person		
Life finance capital, LLC Firm/Company		
6015 Halls Hill Pike		
MUTFreesbord, TN 37130 City/State and Zip Code		
Ira. Brody @ broad park capital, com E-mail address* (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Margaret Lavin at (500) 310-5105 Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: Re- APPLY		
\$125.00 Filing Fee \$\ \text{S155.00 Filing Fee & Certificate of Status}\$\$ Certified Copy of Status & Certified Copy		

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: (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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) **a q q** 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 follo MUTETERS bord 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: $\overline{\perp}$ $\mathbb{N}\ell$ 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.)

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:
LIFE FINANCE CAPITAL
If unavailable, the alternate to be used in the state of Florida is:
Finance Life capital 显著 三
2. The name and the Florida street address of the registered agent and office are:
GARY BRECHA OFF
999 VANDERRICT BEACH Pd NAPLES, FL 34103 Florida Street Address (P.O. Box NOT ACCEPTABLE)
FL 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)



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

Representative Joe Carr

April 6, 2010

205 War Memorial Blvd Nashville, TN 37243 USA

Request Type: No Fee Certificate of Existence/Authorization

Request #:

0011254

Issuance Date: 04/06/2010

Copies Requested:

ted: 1

Document Receipt

Receipt #:

Filing Fee:

Regarding:

LIFE FINANCE CAPITAL LLC

Filing Type:

Limited Liability Company - Domestic

Charter/Qualification Date: 02/22/2010

Status:

Active

Duration Term: Perpetual

Control #:

624715

Date Formed:

02/22/2010

Formation Locale: Rutherford County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

LIFE FINANCE CAPITAL LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett, Secretary of State
Business Services Division

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/