Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002091953)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

: (302)531-0855

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

> Foreign Limited Liability Company Advice and Life Group LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

. Help

9/19/2013

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:

Advice and Life Group LLC		_
(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LI.C.")	
(If name unavailable, enter alternate name adopted for the purpose of consent of the managers or managing members adopting the alternation company," "L.L.C." "LLC.")		
2. New York (Jurisdiction under the law of which foreign limited Hability 3.	(FEI number, if applicable)	
combatth is other rise are or when presting improve the country	(PBI futnosi, it appreadle)	13:
	Perpetual	SEP.
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	13 SEP 19 P# 12: 30
6	la. If urior to moistration)	
(Date first transacted business in Florid (See sections 608,301 & 608,502 F.S. to	determine penalty Hability)	12: 30
7. 36 West Main Street, Suite 750		3 0
Rochester, New York 14614 Attention	: Perry Santillo, Managing Membe	.r }r
(Street Address of		_
8. If limited liability company is a manager-managed co	mnany chack hare	
5. If infined maching company to a manager-manager or	mpacy, wook ness []	
9. The name and usual business addresses of the managi	ing members or managers are as follows:	
Perry Santillo, 36 West Main Street,	Suite 750, Rochester, NY 14614	4
		 '
		_
10. Attached is an original certificate of editions, no more than 90-day	ss old, duky authenticated by the official having custody of	records in
the jurisdiction under the law of which it is organized. (A photocopy i	s not acceptable. If the certificate is in a foreign language,	
translation of the certificate under cells of the translator must be submit	•	
11. Nature of business or purposes to be conducted or pr	romoted in Florida; Insurance and Annuitie	
		_•
		_
	orized representative of a member,	
(In accordance with section 602.402(3), F.S., the executive penalties of perjury that the facts stated herein are true. I document to the Department of State constitutes a	on of this document constitutes an affirmation under the I am aware that any false information automitted in a third degree falony as provided for in s.817.155, F.S.)	
Perry Santillo Menaging		

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.

	e of the Limited Liability Company is: e and Life Group LLC	
If unavailabl	le, the alternate to be used in the state of Florida is:	
2. The name	e and the Florida street address of the registered agent and office a	SECRETAR'S TALLAHASS
	Paracorp Incorporated	EP I
	(Name)	منو سے لیں:
	236 East 6th Avenue	PH 12: 31
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE CORIDA
	Talahasee FL 32303	9

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.

SEE ATTACHED					
	(Signature)		····		-

5	100.60	Filing Fee for Application
S	25.00	Designation of Registered Agent
S	30.00	Certified Copy (optional)
8	5.00	Certificate of Status (ontional)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

09/19/2013

ENTITY NAME:

ADVICE AND LIFE GROUP LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary Paracorp Incorporated

State of New York Department of State } ss:

I hereby certify, that ADVICE AND LIFE GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/16/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



201309190427 * AL

Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of September two thousand and thirteen.

Anthony Giardina

Executive Deputy Secretary of State

13 SEP 19 PH 12: 30

FILED ISECRETARY OF STATE TALLAHASSEE, FLORIDI