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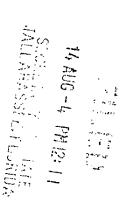
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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July 25, 2014

ROBERT BERNHARD 724 EAGLE DR COPPELL, TX 75019

SUBJECT: LIFE STEPS, LLC Ref. Number: W14000045711

We have received your document for LIFE STEPS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00015999

COVER LETTER

10:	Division of Corporations					
SUBJE	_{ct:} Life Steps, LLC					
		of Limited Lia	bility Company			
The end Existen	losed "Application by Foreign Limited Liab ce, and check are submitted to register the ab	ility Company ove referenced	for Authorization foreign limited	on to Trans I liability c	act Business in Florida," Company to transact busines	ertificate of s in Florida
Please r	eturn all correspondence concerning this ma	tter to the follo	wing:			
	Robert Bernhard	d				
		Name o	f Person			
	JB Tax and Acc	ounting	g			
		Firm/Co	ompany			
	724 Eagle Dr.					
		Add	lress		*	
	Coppell, TX 75	019				
		City/State ar	nd Zip Code			
	jordy@jbtaxanda	accoun	ting.co	m		
	E-mail address:	(to be used for fi	uture annual repo	nt notification	on)	
For furt	ner information concerning this matter, pleas	e call:				
	Robert Bernhard	at i	214	680-	0732	
	Name of Contact Person	<u></u>	Area Code	Daytin	ne Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET AI Division of C Registration Clifton Build 2661 Executi Tallahassee,	Corporations Section ling ve Center Circl	e		
Enclos	ed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of \$1.00 Filing Certificate o	Fee & 🔲	\$155.00 Filing Certified Copy		■ \$160.00 Filing Fee, Cert of Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ability Company," "L.L.C," or "LLC.")	4 7- 1135013			
(Jurisdiction under the law of which foreign limited liability	1, 1	 -		
company is organized)		\$3.00		:
(Date first transacted business in Flor	ida il naigrato registratio			
(See sections: 605:0904 & 605:0905; F.S	to determine penalty lia	hility)		Harry Mark Mark
901 N. Congress Ave, Suite B102				AUG.
Boynton Beach, FL 30480 3342	ζ.	-	283	<u>;</u>
(Street Address of)	Principal Office)			7
901 N. Congress Ave, Suite B102	PO Box	4682		F3
Boynton Beach, FL 33436 334	124		72	
(Mailing A	ddress)	į.	7.	
. The name, title or capacity and address of the person	s) who has/have at	ithority to mana	ge is/are):
Adam M. Fuller - 500 NE 17th Way,	Ft. Lauderda	ile. FL 333	301	Man
		,		<u>/ </u>
				
•		,		
Attached is an original certificate of existence, no mor	e than 90 days old.	duly authentica	ted by th	ne offici.
aving custody of records in the jurisdiction under the lav				
cceptable. If the certificate is in a foreign language, a tra ust be submitted)	nslation of the cert	ificate under oa	h of the	translat

Adam M. Fuller

Typed or printed name of signee

Signature of an authorized person:
(In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	Compan'	y is:

Life Steps, LLC

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

Life Steps of Florida, LLC

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

Adam M. Fuller			32 CS	lana.
***************************************		řUG		
500 NE 17th Wa	SS	.].		
Florida Street Addr	Ξ.			
Ft. Lauderdale	FL 333001			2
	City/State/Zip.		Ċ:: · · ·	×

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. Thereby 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 605, 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 WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Life Steps, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 17, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000666975**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of July, 2014 at 2:44 PM. This certificate is assigned 015991128.



Maj Massielo 7 Secretary of State 大、不及の語と、方式は自然認識を放出を表している。 は、不及の語と、方式は自然認識を表している。

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.