

M14000006643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

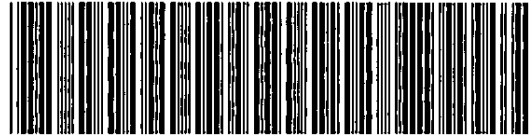
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300264145053

09/11/14--01020--018 \*\*130.00

FILED  
14 SEP 11 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SEYFARTH ATTORNEYS SHAW LLP

**Carol H. Southwood**

Paralegal

404-885-6767

direct fax 404-724-1767

[csouthwood@seyfarth.com](mailto:csouthwood@seyfarth.com)

[www.seyfarth.com](http://www.seyfarth.com)

1075 Peachtree Street, N.E.

Suite 2500

Atlanta, GA 30309-3958

404-885-1500

404-892-7056 fax

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S2 Life Finance, 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:

Carol H. Southwood

Name of Person

Seyfarth Shaw LLP

Firm/Company

1075 Peachtree Street NE, Suite 2500, Atlanta, GA 30309

Address

Atlanta, GA 30309

City/State and Zip Code

ebernstein@s2lifeplans.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

csouthwood@seyfarth.com

Name of Contact Person

at ( 404 ) 885-6767

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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

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

1. S2 Life Finance, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Georgia 3. 30-0830803  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon registration  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20283 State Road 7, Suite 109, Boca Raton, Florida 33498  
(Street Address of Principal Office)

6. 20283 State Road 7, Suite 109, Boca Raton, Florida 33498  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Eric E. Bernstein, Manager, 20283 State Road 7, Suite 109, Boca Raton, Florida 33498

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by an 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)



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.)

Eric E. Bernstein, Manager  
Typed or printed name of signer

FILED  
14 SEP 11 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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 Company is:

S2 Life Finance, LLC

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

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

Capitol Corporate Services, Inc.

(Name)

155 Office Plaza Dr. Ste A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

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 605, Florida Statutes.*

Krista Ali

(Signature)

Krista Ali, Asst. Secretary on  
behalf of Capitol Corporate Services, Inc.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
14 SEP 11 PM 4:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 14053868  
DATE INC/AUTH/FILED : May 30, 2014  
JURISDICTION : Georgia  
PRINT DATE : September 09, 2014

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

S2 Life Finance, LLC  
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B: P. Kemp*

Brian P. Kemp  
Secretary of State

14 SEP 11 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Tracking #: jBE7uVeR