# M14000066868

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	WAIT.	MAIL
(Bus	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		, 1
		,

Office Use Only



600263437926

09/22/14--01013--005 \*\*125.00

14 SEP 22 AM 9: 51
SECRETARY OF STATE

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT.

## ETERNAL PLANNING, 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:

TERRY DUNCAN
Name of Person
AIA, LLC
Firm/Company
2650 MCCORMICK DR STE 200S
Address
CLEARWATER, FL 33759
City/State and Zip Code
TDUNCAN@AIASVCS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## **TERRY DUNCAN**

at ( / a

216-0859

Name of Contact 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					

■ \$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 TRANSACT BUSINESS IN FLORIDA

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

(If name unavailable, enter alternate name adopted for th Liability Company," "L.L.C," or "LLC.")	e purpose of transacting business in Florida. The alternate name must in	clude "Li	— mited
2. DELAWARE (Jurisdiction under the law of which foreign limited li	38 - 3939171 ability (FEI number, if applicable)		_
company is organized)	ability (FEI number, II applicable)		
4. (Date first transact	ed business in Florida, if prior to registration.)		
(See sections 605.090	4 & 605.0905, F.S. to determine penalty liability)		
5. 2650 MCCORMICK DR S	STE 200S		_
CLEARWATER, FL 3375			
<sub>6.</sub> 2650 MCCORMICK DR S	Street Address of Principal Office) TE 200S		_
CLEARWATER, FL 33759	9		
	(Mailing Address)	-	_
7. The name, title or capacity and address	of the person(s) who has/have authority to manageris/	are:	
AL MARKETING, LLC (LLC MGR)	Timothy North (Mgr AL Marketing, LLC	SEF	> 사람사건 건 현
2650 MCCORMICK DR STE 200S	2650 MCCORMICK DR STE 200S	22	SANTEST
CLEARWATER, FL 33759	CLEARWATER, FL 33759	AH S	
2650 MCCORMICK DR STE 200S  CLEARWATER, FL 33759  8. Attached is an original certificate of exist having custody of records in the jurisdiction	2650 MCCORMICK DR STE 200S	2 PH 9: 5 the of y is not	fic

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 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.)

TIMOTHY O NORTH - MGR AL MARKETING, LLC

Typed or printed name of signee

# 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:
----	----------	--------	---------	-----------	---------	-----

### ETERNAL PLANNING, 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:

### R. NATHAN HIGHTOWER, ESQ

(Name)

## 2650 MCCORMICK DR

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

CLEARWATER

33759

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.

(Signature) R. NATHAN HIGHTOWER

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ETERNAL PLANNING, 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 FOURTH DAY OF SEPTEMBER, A.D. 2014.

14 SEP 22 AM 9: 51

5586812 8300

141139334

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1671259

DATE: 09-04-14

You may verify this certificate online at corp.delaware.gov/authver.shtml