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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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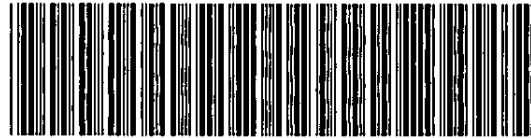
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFELINE PHARMACEUTICALS, 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:

RICK NIELSEN

Name of Person

LIFELINE PHARMACEUTICALS, LLC

Firm/Company

1301 NW 84 AVE, SUITE 101

Address

MIAMI, FL 33126

City/State and Zip Code

COMPLIANCE@LIFELINEPHARM.COM

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

For further information concerning this matter, please call:

RICK NIELSEN

Name of Contact Person

at (**305**) **643-8841**

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. LIFELINE PHARMACEUTICALS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LIFELINE PHARMACEUTICALS - MS, 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. MISSISSIPPI

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-0980105

(FEI number, if applicable)

4. _____

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

5. 5800 GULF TECH DRIVE

OCEAN SPRINGS, MS 39564

(Street Address of Principal Office)

6. 1301 NW 84 AVE, SUITE 101

MIAMI, FL 33126

(Mailing Address)


7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

RICK NIELSEN - MANAGING MEMBER/PRESIDENT/CEO

1301 NW 84 AVE, SUITE 101

MIAMI, FL 33126

8. 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)



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.)

RICK NIELSEN

Typed or printed name of signee

14 DEC 17 PM 3:16
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:

LIFELINE PHARMACEUTICALS, LLC

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

LIFELINE PHARMACEUTICALS - MS, LLC

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

INCorp SERVICES, INC.

(Name)

17888 67TH

Court North

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

LOXAHATCHEE

33470

FL

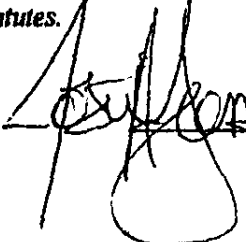
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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) **on behalf of Incorp 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)



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

LIFELINE PHARMACEUTICALS, LLC

Registered the 16th day of May, 2014

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

405 Galleria Lane, Suite C; PO Box 2249
Oxford, MS 38655-7249

And that the registered agent at that address is:

Incorp Services, Inc.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 15th day of December, 2014

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN14003853

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

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SECRETARY OF STATE
JACKSON, MISSISSIPPI