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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Life Sol	utions 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:			
<u> </u>	Name of Person			
Life	Solutions LLC			
_	Firm/Company			
9963	Indigo Bay Ctr			
<u>Orland</u>	do FL 32832 City/State and Zip Code			
E-mail address	DINCIO Chatma Com (to be used for flature annual report notification)			
For further information concerning this matter, please call:				
Edgar Piner	Area Code & Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301			
Enclosed is a check for the following amount S125.00 Filing Fee \$\int_{\text{Cartificate of S}}\$	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate			



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2015

EDGAR PINERO 9963 INDIGO BAY CTR ORLANDO, FL 32832

SUBJECT: LIFE SOLUTIONS, LLC Ref. Number: W15000015150

We have received your document for LIFE SOLUTIONS, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return 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.

Tim Burch Regulatory Specialist II

Letter Number: 515A00004336



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2015

EDGAR PINERO 9963 INDIGO BAY CTR ORLANDO, FL 32832

SUBJECT: FLORIDA FUN VACATIONS LLC

Ref. Number: W15000015150

We have received your document for FLORIDA FUN VACATIONS 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 failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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.

Tim Burch Regulatory Specialist II

Letter Number: 515A00006192

www.sunbiz.org

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: oreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Florida Fur Vacation 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,") (Jurisdiction under the law of which foreign limited liability 3. 36 456 6015 (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 720822 ORLas, (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an attirmation 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.)

Typed or printed name of signee

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)

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:	SECT	i5 ≯	files _{es} ited _e
LIFE SOLUTIONS LLC	HASA HASA	APR I	E. CONTRACTOR STREET
If unavailable, the alternate to be used in the state of Florida is:	MONTH TO) PM	
FLORIDA FUN VACATION LLC	STATE LORIE	8 8 :1	1
2. The name and the Florida street address of the registered agent and office are: Edgar Pinero 1521 Indian OAKS TRL ORG (Name)	> 'an 347		FC,
Po Box 720822 ORLando FL 32 Florida Street Address (P.O. Box NOT ACCEPTABLE)	287	2	
FL 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)

\$ 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 New York Department of State

I hereby certify, that LIFE SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/30/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 02/19/2015.

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



Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of February two thousand and fifteen.

3

Anthony Giardina
Executive Deputy Secretary of State

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