1/15000006656

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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K.SALY EXAMINER AUG 2 4 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 AUG 24 PH 12: 26

SECRETAR: OF STATE TALLAHASSLE, FLORIDA

June 25, 2015

CHARLES FIFE 2964 PEACHTREE RD, STE. 326 ATLANTA, GA 30305

SUBJECT: FIFE-LIFE, LLC Ref. Number: W15000043794

We have received your document for FIFE-LIFE, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Karen A Saly Regulatory Specialist II

Letter Number: 715A00013400

COVER LETTER

TO:

Registration Section

Division of Corporation	s				
Fife~Life, LLC SUBJECT:					
3(7)011(7)	Name of I	Limited Liability (Company		
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Comp d to register the above refere	eany for Authoriza enced foreign limit	ition to Tra ted hability	insact Business in Florida," y company to transact busir	Certificate of ness in Florida
Please return all correspondence c	oncerning this matter to the	following [.]			
Charles Fife					
	Na	ame of Person			
Fife~Life, LLC					
	Fi	rm/Company			
2964 Peachtree	Road, ST 326				
		Address	<u></u>		
Atlanta, GA 30:	305				
	City/S	tate and Zip Code			
Chipfite@bellsou	uh.net				
	E-mail address: (to be used	for future annual	report not	ilication)	
For further information concerning	g this matter, please call;				
Charles Fife		404 at (861-186		
Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section culding ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\Pi\$} 130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co 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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alt			
iability Company," "L.L.C."	or "LLC.")	ansacting business in Florida. The alternate name must include "	Limited
Georgia	3	47-2751598	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
May, 2015	_		
-	(Date first transacted business in F (See sections 605.0904 & 605.0905,	F.S. to determine negalty liability)	
2964 Peachtree Road, S	,	pal Office)	
), <u></u>			-11
Atlanta, GA 30305		- P. G.	
	(Street Address of Princip	pal Office)	W/32
5. 2964 Peachtree Road, S	uite 326	SEE .	
Atlanta, GA 30305		7.0	Ę.
Attaina, GA 30303	(Mailing Addres	55)	F_
 Name and street address 	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name.	Charles Fife		
Office Address	153 Magnolia Street		
	Santa Rosa Beach,	. Florida ³²⁴⁵⁹	
	(0)		
Registered agent's accept	(City)	(Zip code)	
Having been named as reghts application. I hereby a with the provisions of all side obligations of my positions. 8. The name, title or capa	tance: gistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and con- tion as registered agent.	f process for the above stated corporation at the place deagent and agree to act in this capacity. I further agree to applete performance of my duties, and I am familiar with gent's signature) has/have authority to manage is/are:	comply
Having been named as reghts application. I hereby a with the provisions of all side obligations of my positions. 8. The name, title or capa Charles Fife, Member 29	tance: gistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and con- tion as registered agent. Registered agent acity and address of the porson(s) who	f process for the above stated corporation at the place deagent and agree to act in this capacity. I further agree to applete performance of my duties, and I am familiar with gent's signature) has/have authority to manage is/are: 30305	comply
Having been named as reghts application. I hereby a with the provisions of all side obligations of my positions. 8. The name, title or capa Charles Fife, Member 29	fance: gistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and con- tion as registered agent. Registered agent acity and address of the porson(s) who	f process for the above stated corporation at the place deagent and agree to act in this capacity. I further agree to applete performance of my duties, and I am familiar with gent's signature) has/have authority to manage is/are: 30305	comply
Having been named as reghts application. I hereby a with the provisions of all side obligations of my positions. 8. The name, title or capa Charles Fife, Member 29	fance: gistered agent and to accept service of accept the appointment as registered a statutes relative to the proper and con- tion as registered agent. Registered agent acity and address of the porson(s) who	f process for the above stated corporation at the place deagent and agree to act in this capacity. I further agree to applete performance of my duties, and I am familiar with gent's signature) has/have authority to manage is/are: 30305	comply
Having been named as reghts application. I hereby a with the provisions of all some obligations of my positions. 8. The name, title or capa Charles Fife, Member 2964 Suzi Fife, Member 2964	dance: gistered agent and to accept service of accept the appointment as registered astatutes relative to the proper and constitution as registered agent. Registered agent.	f process for the above stated corporation at the place deagent and agree to act in this capacity. I further agree to applete performance of my duties, and I am familiar with gent's signature) has/have authority to manage is/are: 30305	o comply and accept

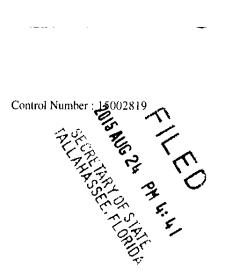
Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

STATE OF GEORGIA

Secretary of State

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



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

Fife~Life, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

12131653 -01/12/2015 : Georgia -8/17/2015



Brian P. Kemp Secretary of State