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(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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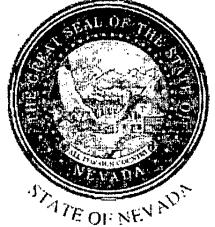
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Regenerative Lifestyles, 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:
Linda Apsley Name of Person
Regenerative Lifestyles Firm/Company
26858 Evergreen Chase Or.
Wesley Chapel, FL 33544 City/State and Zip Code
Lindo@drapsley.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Apsley at (813) 994-6107 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c

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 F	OREIGN LIM	ITED LIABILITY
1. Regenerative Lifesties, LLC Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "		
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 Liability Company," "L.L.C," or "LLC.")	e must include	: "Limited
2. Nevada 3. 45-5586329		
(Jurisdiction under the law of which foreign limited liability company is organized) (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)		
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 26858 Everageen Chase Prive		
Juliana Charlet Charle Drive		
Wesley (Na De) FL 33549 (Street Address of Principal Office)		ਸ ⊃
6. <u>Same</u>		1 =
(Malliag Addings)		
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		, ,
Name: Linda Aosley	が記れ	•
Office Address: 26858 Evergreen Chase D.		
Mesley Close of El 33544		
Wesley Chapel, FL, Florida 33544 (City) (City) (Zip code)	•	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabil designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties,	s capacity. I	further agree
accept the obligations of my position as registered agent. — Mac Lander		
(Registered agent's signature)		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
Linda Apsley, Managing Director 26858 Evergeee John Apsley, Managing Drector ""	in Chas	$e D_{\Gamma}$
John Apsley, Managing Arector "		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of the translator must be submitted)		
Signature of an authorized person	-	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.		ation

SECRETARY OF STATE



FILED

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SECRETARY OF STATE

VALLYMASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **REGENERATIVE LIFESTYLES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 11, 2012, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 2, 2016.

BARBARA K. CEGAVSKE

Borbara K. Cegovske

Secretary of State

Electronic Certificate
Certificate Number: C20161002-0225
You may verify this electronic certificate
online at http://www.nvsos.gov/