

M17000009963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

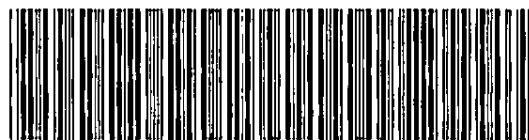
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. LEGGETT  
NOV 27 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2017

JULIE M. WEILAND  
11000 PRAIRIE LAKES DR, SUITE 600  
EDEN PRAIRIE, MN 55344 US

SUBJECT: LIFEPLANS, LLC  
Ref. Number: W17000087672

We have received your document for LIFEPLANS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 317A00022133

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5601  
TALLA  
FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LifePlans, 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:

Julie M. Weiland

Name of Person

Long Term Care Group, Inc.

Firm/Company

11000 Prairie Lakes Dr, Suite 600

Address

Eden Prairie, MN 55344

City/State and Zip Code

compliance@ltcg.com

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

For further information concerning this matter, please call:

Julie M Weiland

Name of Contact Person

at ( 952 )

Area Code

516-6347

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 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:

1. LifePlans, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
LifePlans LTC Services, 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. Massachusetts 3. 04-2925808  
(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)

5. 51 Sawyer Road, Suite 340 6. LTCG  
(Street Address of Principal Office) (Mailing Address)  
Waltham, MA 02453 11000 Prairie Lakes Drive, Suite 600  
Eden Prairie, MN 55344

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

**Registered agent's acceptance:**

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Holly Jones  
Assistant Vice President  
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President &amp; CEO</u>	<u>Peter M Goldstein</u> <u>11000 Prairie Lakes Dr, # 600</u> <u>Eden Prairie, MN 55344</u>	<u>Secretary</u>	<u>Julia A Jensen</u> <u>11000 Prairie Lakes Dr, #600</u> <u>Eden Prairie, MN 55344</u>
<u>CFO</u>	<u>Dean E Miller</u> <u>11000 Prairie Lakes Dr, #600</u> <u>Eden Prairie, MN 55344</u>	<u>Treasurer</u>	<u>Bradley J Schumacher</u> <u>11000 Prairie Lakes Dr, #600</u> <u>Eden Prairie, MN 55344</u>

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Julia A. Jensen  
Signature of an authorized person  
Julia A Jensen  
Typed or printed name of signee



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

October 10, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**LIFEPLANS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 29, 2017**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NONE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **PETER M. GOLDSTEIN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **PETER M. GOLDSTEIN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth