

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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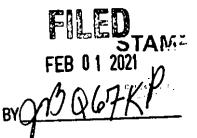
purpose submits the following statement:	ne otate of throde Island, and	Tor triat
The name of the limited liability company is:		
Lifeley, LLC		
Is this company organized in its state or country of formation a	as a low-profit limited liability co	ompany? Yes No 📝
The name, if different, under which it proposes to register and	transact business in Rhode Is	land is:
The LLC is organized under the laws of: FL		
3. The date of its organization is: 09/13/2018		
And the period of its duration is: CHECK ONE BOX ONLY	- · · · · · · · · · · · · · · · · · · ·	
✓ Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhode	e Island is:	,
Agent Name National Registered Agents, Inc.		
Street Address (<u>NQT</u> a P.O. Box) 450 Veterans Memorial Parkwa	ay ste 7A	·- · · ·
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the Insurance	transaction of business in Rh	ode Island are:
	Check the bo	x to indicate an attachment 🗹

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

12:57



	d the agent of the foreign limited liability company for resident agent cannot be found or served following	•	
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,	
8815 Conroy-Windermere Rd #136 Orlando,	FL 32835		
8. The mailing address for the limited liabi 8815 Conroy-Windermere Rd #136 Orlando,		·	
9. Management of the Limited Liability Co	mpany:		
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX		
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)	
By one (1) or more managers (List m	anagers below)		
MANAGER	ADDRESS	······································	
Peter Strack	8815 Conroy-Windermere Rd #136 Orlando, FL 32835		
James Harvin	8815 Conroy-Windermere Rd #136 Orlando, FL 32835		
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Status</u> of filing.	from the state or country of	
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE B	OX ONLY	
✓ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
	irm that I have examined this Application for Regist tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
Lifeley, LLC		1/25/2021	
Signature of Authorized Person			
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State of Florida Department of State

I certify from the records of this office that LIFELEY, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 13, 2018.

The document number of this limited liability company is L18000217355.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on June 18, 2020, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twelfth day of November, 2020



KAUNINGUL Secretary of State

Tracking Number: 4165729565CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication