

# A19000045

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 OCT -9 PM 4:43

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FIRM DYNAMIC  
Account Number : I20110000081  
Phone : (833)836-5433  
Fax Number : (833)836-5433

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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## FOREIGN PROFIT/NONPROFIT CORPORATION YOUR 10 LIFE FOUNDATION, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$87.50 |

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YOUR 10 LIFE FOUNDATION, INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

S MICHEAL

Name of Person

YOUR 10 LIFE FOUNDATION

Firm/Company

54152 ASH ROAD

STE 145

Address

OSCEOLA, TN 46561

City/State and Zip Code

state@your10life.com

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

For further information concerning this matter, please call:

SHAWN MICHEAL

833

836-5433 ext. 32999

at ( )

Name of Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing  
Certificate of  
Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. YOUR 10 LIFE FOUNDATION, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so incorporated in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ARIZONA 3. 84-2120011

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/7/2019 5. (Date of duration, if other than perpetual)

(Date of Incorporation)

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty)

7. 3104 E. CAMELBACK ROAD, STE. 2425, PHOENIX, AZ 85016  
(Principal office street address)

(Current mailing address, if different)

8. EDUCATIONAL LEADERSHIP TRAINING ORGANIZATION, CHARITABLE FUNDRAISING  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Lovahatchee, Florida 33470

(City)

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation as designated in this application, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.

on behalf of

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this to the Department of State, by the Secretary of State or other official having custody of corporate records in jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to total]:

A. DIRECTORS

Chairman Name: SHAWN MICHEAL SIMMERER  
 Vice Chairman Address: 3104 E. CAMELBACK ROAD  
 Director STE 2425  
 President PHOENIX, AZ 85016  
 Vice President US  
 Secretary  Treasurer  
 Other: FOUNDER & EXECUTIVE DIRECTOR Other: \_\_\_\_\_

Chairman Name: SETH W. R. DOWNES  
 Vice Chairman Address: 3104 E. CAMELBACK ROAD  
 Director STE 2425  
 President PHOENIX, AZ 85016  
 Vice President US  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: RONALD ALAN LUPI  
 Vice Chairman Address: 3104 E. CAMELBACK ROAD  
 Director STE 2425  
 President PHOENIX, AZ 85016  
 Vice President US  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

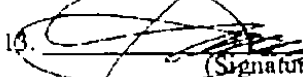
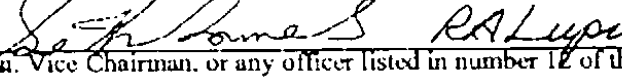

Chairman Name: SARA MANUELL  
 Vice Chairman Address: 3104 E. CAMELBACK ROAD  
 Director STE 2425  
 President PHOENIX, AZ 85016  
 Vice President US  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

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 STATE OF FLORIDA  
 TALLAHASSEE  
 SECRETARY

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.     
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SHAWN MICHEAL SIMMERER, SETH W. DOWNES, RONALD ALAN LUPI, SARA MANUELL  
 (Typed or printed name and capacity of person signing application)

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**Your 10 Life Foundation**

ACC file number: 23001560

was incorporated under the laws of the State of Arizona on 07/07/2019;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 07/22/2019



Matthew Neubert, Executive Director

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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