W01000006409 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

7/00004567877---: -09/04/01--01090--021 *****78.75 *****78.75

SUBJECT: Life's Lift e Angels, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate

□\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Barbara Prine Worley
Name (Printed or typed)

109 Alatara Street

Seffner FL 33584

813/651-5157 Daytime Telephone number 01 SEP - 1 PM 12: 26
SECRETARY OF STATE
ANASSEE FLORID

NOTE: Please provide the original and one copy of the articles.

2 parlo

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida

SECRETARY OF STATE TALLAHASSEE FLORIDA

IVOL	jor Projii Corporation A	ici, nereby adopt(s)) the following Arti	cles of Incorporat
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ARTICLE I The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

atora Street

ion passionate care for which the corporation is organized is(are): To provi ? ace, color, creed, sect or sex. To provide necessiff pooks, etc. where needed. To provide education of to subject education of the subject education of to subject education. MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is: By majority vote of members

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jebare Anne Worley 12fara Street Gner, FL 33584

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

ine Worle 33584

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent