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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

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

SUBJECT: Saving Lives, Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate	
ADDITIONAL COPY REQUIRED				
FROM: Name (Printed or typed)				
12525 Prown Pointe Cicele				
Clermont, 72-34711 City, State & Zip				
(407) 420-1212 Daytime Telephone number				

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

ARTICLES OF INCORPORATION: Not-for-Profit

FILED

03 APR 17 AM 10: 01

SECRETARIO OF STATE TALLAHASSEE, FLORIDA

<u>ARTICLE I NAME</u>:

Saving Lives, Inc.

ARTICLE II PRINCIPAL OFFICE:

12525 Crown Point Circle Clermont, FL 34711

ARTICLE III PURPOSE:

Provide Public Service Announcements and safety seminars to encourage awareness on public safety issues.

ARTICLE IV MANNER OF ELECTION:

Bi-Annual Election

ARTICLE V INITIAL DIRECTORS/OFFICERS:

President, Daniel J. Newlin 12525 Crown Point Circle Clermont, FL 34711

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Daniel J. Newlin 12525 Crown Point Circle Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daniel J. Newlin 12525 Crown Point Circle Clermont, FL 34711

Having been named as registered agent to accept service of process fort he above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature Registred Agent

Date

O3 APR 17 AH ID: O1