

Box
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NO5000003974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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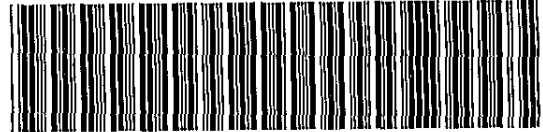
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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APR 19 15 05
TALLAHASSEE, FLORIDA

MM 4/19

TRANSMITTAL LETTER

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

SUBJECT: Women's Life Line 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 of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: To LaRsey Gunn and Carolyn Mc Cray
Name (Printed or typed)

421 Nina Rd
Address

Tallahassee, FL 32304
City, State & Zip

850-576-3057 OR 210-3494
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: *Women's Life Line INC*

ARTICLE II PRINCIPAL OFFICE

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

421 Nina Rd, Tall. Fl. 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Helping Women's with Spiritual, mentally, & Phy.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

IS as stated in by Law's

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

*Jo Lairsey Gunn OR Carolyn McCray
421 Nina Rd
TALL. FL. 32304*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Jo Lairsey Gunn
421 Nina Rd
TALL. FL. 32304*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jo Lairsey Gunn or Carolyn McCray
421 Nina Rd
TALL. FL. 32304*

Having been named as registered agent to accept service of process for the 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.

Jo Lairsey Gunn

Signature/Registered Agent

4-19-05

Date

Jo Lairsey Gunn

Signature/Incorporator

4-19-05

Date

FILED
05 APR 19 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA