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क्षा मी अखी।

COVER LETTER

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

SUBJECT: The F	ower of Lite, Inc.		
	(PROPOSED CORPORATI	E NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	d a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED
FROM:	Jossette S Malti Name (Prin	nted or typed)	_
	10755 Park Blvd	N Suite B	_
	Seminole, FI 337	72 rate & Zip	_
	727-393-5551		

湖II APR 25 PM 3: 25

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

10755 Parlantime Telephone number

jossette@aol.com E-mail address: (to be used for future annual report notification)



RECEIVED

11 APR 25 PH 1: 13

UNISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2011

JOSSETTE S MALTI 10755 PARK BLVD. N SUITE B SEMINOLE, FL 33772

SUBJECT: THE POWER OF LIFE Ref. Number: W11000020628

We have received your document for THE POWER OF LIFE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 711A00008880

MIN APR 25 PM 3: 25

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME The Power of Life, Inc.		
The name of the co	orporation shall be:		A SECRETATION STATE
ARTICLE II	PRINCIPAL OFFICE		UTVISION OF GURPARATION:
	Principal street address		Mailing address, if different is:
	10755 Park Blvd N	-	2811 AFR 23 PM 3: 25
	Suite B Seminole_FL33772		
	, in the second		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
lo act as a s	upport group for Dialysis Patients, thei	ır Families, F	riends and Staff.
ARTICLE IV	MANNER OF ELECTION The manner in v	which the director	s are elected and appointed:
Directors are	appointed and voted on by Officers of	f Corporation	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	•	
	itle: Karen Fastje, President, Director	Name and Title	
Address:	475 41st Ave N	_ Address:	4901 16th Street North
	St. Petersburg, Fl 33703	-	St. Petersburg, Fl 33703
Nome and T	itle:Stephanie Bates, Vice President, Director	- Name and Title	
Address:	1332 26th Ave S.	Address:	
, , , , , , , , , , , , , , , , , , , ,	St. Petersburg, FI 33705	_ / tuur 033.	
		-	
Name and T	itle: Elfrieda Johnson, Secretary, Director	Name and Title	::
Address:	932 22nd Street S #4		
	St. Petersburg, Fl 33712	-	
		-	
ARTICLE VI	REGISTERED AGENT	Al	A 1
ne <u>name and Fid</u> Name:	orida street address (P.O. Box NOT acceptable) of Jossette S Malti	the registered age	nt is:
Address:	10755 Park Blvd. N	•	•
	Suite B	-	
	Seminole, Fl 33772	•	
ARTICLE VII	INCORPORATOR		
he <u>name and add</u>	dress of the Incorporator is:		
Name:	David M Hughes		
Address:	446 4th Street S		
	St. Petersburg, Fl 33701	•	
rr. • •			
	ed as registered agent to accept service of proces miliar with and accept the appointment as registere		
	0 >	0 0	•
Joseph	ethes. Mart.	· ·	03/31/2011
/	Required Signature of Registered Agent		Date
'submit this docu	ment and affirm that the facts stated herein are tru	ie. I am aware th	at any false information submitted in a docum
o the Department	of State constitutes a third degree felony as provide	ed for in s.817.155	5, F.S.
	H. K		02/24/2044
Nyou	Required Signature of Incorporator		03/31/2011 Date
•	required digitature of incorporator		Date