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COVER LETTER

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

	Showard	TTOGO	1 it-0.	1.00	
SUBJECT:	Stronger				
	(PROPOSE	'D CORPORA	TE NAME	 MUST INCLUDE SHEETS 	`

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

410 Invervary

Daytime Telephone number

+rocamo 120 equail. Com J E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:	Than Life Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
4110 Invervary Blvd. Apt. B	42
Lauderhill, FL 33319	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To	help-the women in the community was been
victims of rape motestation & any form	n of abuse through counseling to provide an intimate
	to reveal their emotions & Share their Stories. To
help those who teel different, ashamed,	or quilty as a result of abuse which will benefit
immensely from discovering others N	no have lived similar experiences. To teach them
how to manage their emotions 4 devel	op new response a behaviors so they can move
away from the consequence of abuse .	torward to having a life they desire
	unner in which the directors are elected and appointed:
Founder	
ARTICLE V INITIAL OFFICERS AND/OR DI	ZECTORS -
Name and Title: Cherist A. Manning - (P)	Name and Title:
Address 4110 Inverrary BIVA.	Address:
Apt. 842	
Lauderhill, Fl 33319	
Name and Title: Fabrola Honort - (VP)	
Address 3330 Sponish Muss Terr.	Address:
Apt. 208	
Lauderhill, Fl 33319	
Name and Title: MytSha Hermit - (Sec)	Name and Title:
Address 129 Anson Street	Address:
Bridgeport, CT 06606	

Name and Title:	Na	ame and Title:
Address _	A	ddress:
-		
Name and Title:	Na	ame and Title:
Address _	A	ddress:
-		
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptab	ole) of the registered agent is:
Name:	Cherist A. Manning	
Address:	410 Inverrary Blvd. Apt.	
	Laudthill, Fl 33319	
ARTICLE VII The name and a	INCORPORATOR Idress of the Incorporator is:	24 PM
Name:	Chrise A. Manning	—
Address:	410 Inverrary Blud. Apt	
•	Lauderhill, Fl 33319	
		process for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity
(L		07/22/18
	Require Signature of Registered Age	
to the Departmen	t of State constitutes a third degree felony as p	are true. I am aware that any false information submitted in a document provided for in s.817.155, F.S. 07 22 13
1 #1	Required Signature of Incorpora	<u> </u>

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