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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
10/25/13

## COVER LETTER

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

SUBJECT: **Faithlife Coaching, 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: **David Cotner**  
Name (Printed or typed)

**1337 Longbranch Drive**  
Address

**Cantonment, FL 32533**  
City, State & Zip

**850-637-4177**  
Daytime Telephone number

**dave@faithlifecoaching.org**  
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)

**ARTICLE I    NAME**

The name of the corporation shall be: Faithlife Coaching, Inc.

**FILED**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1337 Longbranch Drive  
Cantonment, FL 32533

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Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide pastoral care and life guidance to those  
who seek to improve their life and relationships.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Cotner, Director  
Address: 1337 Longbranch Drive  
Cantonment, FL 32533

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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13 OCT 24 AM 11: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: David Cotner  
Address: 1337 Longbranch Drive  
Cantonment, FL 32533

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: David Cotner  
Address: 1337 Longbranch Drive  
Cantonment, FL 32533

*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*

David Cotner  
Required Signature of Registered Agent

10/21/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

David Cotner  
Required Signature of Incorporator

10/21/13  
Date