

N1400000006816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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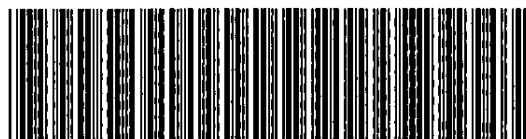
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 21 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 7/22

## COVER LETTER

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

SUBJECT: LifeWealth Foundation, 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: Max W. Hooper  
Name (Printed or typed)

1507 Hiawasse Road, Suite 214  
Address

Orlando, FL 32835  
City, State & Zip

407-299-4129  
Daytime Telephone number

MaxHooper1@mac.com  
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: LifeWealth Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1507 Hiawassee Road, Suite 214

Orlando, FL 32835

Mailing address, if different

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

(a) Exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue code of 1986 (the "Code") (or the corresponding provision of any future United States Internal Revenue law); (b) To provide educational programs, materials and support to other charitable and non-profit entities to assist in the proper training of development directors; (c) To provide financial and administrative assistance to persons and entities that supply financial, educational and spiritual support to local populations; (d) To purchase, take, receive, lease, take by gift, devise or bequest, or otherwise acquire, own, hold, improve, use and otherwise deal in and with real or personal property, or any interest therein, wherever situated; (e) to sell, convey, mortgage, pledge, lease, exchange, transfer and otherwise dispose of all or any part of its property and assets; to make contracts and incur liabilities, borrow money; issue its notes, bonds and other obligations; and secure any of its obligations by mortgage or pledge of all or any of its property, franchises and income; (f) to manage its internal affairs in any desired manner so long as the provisions of the Florida Not For Profit Corporation Act or other law are not violated; and (g) to do any and all things necessary, convenient, useful or incidental to the attainment of its purposes as fully and to the same extent as natural persons lawfully might or could do so long as consistent with the provisions of the Florida Not For Profit Corporation Act.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The method  
of selection of the directors shall be specified in the bylaws of the corporation.

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

Name and Title:	<u>MAX W. Hooper</u> <u>President</u>	Name and Title:	<u>JANICE Lamprecht</u> <u>V.P. Sec. / Treasurer</u>
Address	<u>1507 S. Hiawassee Rd.</u> <u>Suite 214</u> <u>ORLANDO, FL 32835</u>	Address:	<u>1507 S. Hiawassee Rd.</u> <u>Suite 214</u> <u>ORLANDO, FL 32835</u>
Name and Title:	<u>Hilgndt W. Lamprecht</u> <u>Chairman</u>	Name and Title:	<u>Mindy R. Hooper</u> <u>V.P.</u>
Address	<u>1507 S. Hiawassee Rd</u> <u>Suite 214</u> <u>ORLANDO, FL 32835</u>	Address:	<u>1507 S. Hiawassee Rd.</u> <u>Suite 214</u> <u>ORLANDO, FL 32835</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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SECRETARY OF STATE  
PALM HARBOR, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

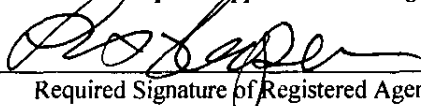
Name: Max W. Hooper  
Address: 1507 Hiawassee Road, Suite 214  
Orlando, FL 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

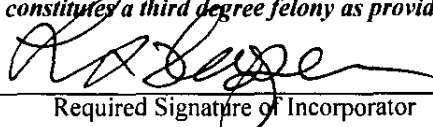
Name: Max W. Hooper  
Address: 1507 Hiawassee Road, Suite 214  
Orlando, FL 32835

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

7/15/2014  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

7/15/2014  
\_\_\_\_\_  
Date