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Certified Copies	_ Certificates	of Status
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COVER LETTER

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

SUBJECT: Choosing Life Unlimited, 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: Jonathan Adkins

Name (Printed or typed)

1695-1 Metropolitan Circle

Tallahassee, FL 32308

City, State & Zip

850-212-6064

Daytime Telephone number

jandbadkins@gmail.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)

The name of the corporation shall be: Choosing Life	Unlimited, Inc.
ARTICLE II PRINCIPAL OFFICE	2015
Principal <u>street</u> address: 1695-1 Metropolitan Circle	Mailing address, if different is:
Tallahassee, FL 32308	SSE 7
	54 D
	posing Life Unlimited, Inc. is a not-for-profit gious purposes within the meaning of Section
501(c)(3) of the Internal Revenue Co	ode of 1986. Choosing Life Unlimited, Inc
Ministry's mission is to enrich the live	es of terminally ill children and disabled
children and veterans both foreign a	nd domestic.
, , , , , , , , , , , , , , , , , , , ,	
ARTICLE IV MANNER OF ELECTION The mann	ner in which the directors are elected and appointed:
Directors are appointed by the current Board of	Directors and elected by a majority decision.
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS
Name and Title: Jonathan Adkins, President	Richard N Ledford II, Secretary / Treasurer
Address 1695-1 Metropolitan Circle	3050 St Andrews Way
Tallahassee, FL 32308	Tallahassee, FL 32312
Name and Title: Barbara Adkins, Vice President	Name and Title:
1000 1 Matura alitara Civala	Address:
Tallahassee, FL 32308	
Name and Title:	Name and Title:
Address	
43MH1005	
•	

Name and Title:_	Name	and Title:
Address	Addr	ess:
Name and Title:_	Name	e and Title:
Address	Addr	ess:
-		
ARTICLE VI	REGISTERED AGENT	of the recipient exert is:
t ne <u>name and Fi</u>	orida street address (P.O. Box NOT acceptable) Barbara Adkins	of the registered agent is.
Name:	1695-1 Metropolitan Circl	 0
Address:	Tallahassee, FL 32308	-
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:	
	Jonathan Adkins	
Name:	1695-1 Metropolitan Circle	
Address:	Tallahassee, FL 32308	_
Hadina kagu ngu	and as registered against Alaccans service of the	cess for the above stated corporation at the place designated in t
certificate, I am fi	amiliar with and accept the appointment as regis	stered agent and agree to act in this capacity
Morle	Mu J. A.	4/23/2015
1	Required Signature of Registered Agent	Date
I submit this docu to the Departmen	iment and affirm that the facts stated herein are tof State constitutes a third dogree felony as pro	true. I am aware that any false information submitted in a docume vided for in s.817.155, F.S.
		4/23/2015
	Required Signature of Incorporato	r Date
	/	