

NIS 0000 11472

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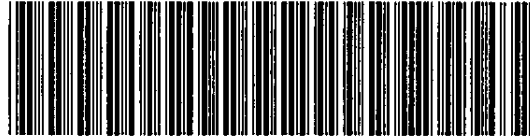
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COVER LETTER

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

SUBJECT: Childrens' Life 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: DARRYI E Badgerow
Name (Printed or typed)

12623 State Road 51
Address

Live Oak Florida 32060
City, State & Zip

386) 776-1266
Daytime Telephone number

mDEBIE@WindStream.net
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: Childrens' Life Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

12623 State Road 51

Live Oak, Florida 32060

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Childrens' Life Inc is dedicated to providing financial support; in the areas of Nutrition, Education, Wellness and Safety, for the benefit of children whose Mothers' annual income is \$27,000.00 or less. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under section 501(c)(3) of the Internal revenue code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors
will be appointed by Trustees.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darryl E Badgerow Trustee Name and Title: _____

Address: 12623 State Road 51 Address: _____

Live Oak, Florida 32060

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Darryl E Badgerow

Address: 12623 State Road 51

Live Oak, Florida 32060

ARTICLE VII INCORPORATOR

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

Name: Darryl E Badgerow

Address: 12623 State Road 51

Live Oak, Florida 32060

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 18, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Darryl E Badgerow
Required Signature of Registered Agent

11-12-2015
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.

Darryl E Badgerow
Required Signature of Incorporator

11-12-2015
Date