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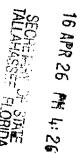
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APR 2 /2016 S. GILBERT

COVER LETTER

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

SUBJECT: (DUANE STRONG JR FOUNDation) Living through last lives Inc.

Enclosed is an original a	ind one (1) copy of the Ar	ticles 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 CO	PY REOUIRED

FRC 1: Altoung McClinton
Name (Printed or typed)

1413 Victoria St.

Address

Tallahasse, Fl. 32310

City, State & Zip

Daytime Telephone number

Dosslady 383760 mail 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)

te name of the corporation sho		•	_	
RTICLE II PRINCIPAL				
Principal <u>stre</u>		Mailing address, if	different is:	
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			R 26	71:
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Name and Title:	Name and Title:
Address	Address:
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•	
Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT a	·
Name: Ayouna McCl	
Address: 1413 Victoria St.	
Tallahassee Fl.	
APTICLE IV. INCORPORTOR	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Avoura Meli.	nton
Name: Ayouna Mili. Address: 1413 Victoria &	
Tallahassee Fl	32310
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of tiling:	(ONT)
(If an effective date is listed, the date must be specific	e and cannot be more than five business days prior or 90 business days
after the filing.)	
<u>Note</u> : If the date inserted in this block does not meet the document's effective date on the Department of State's r	e applicable statutory filing requirements, this date will not be listed as the records.
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certificate, I am familiar with and accept the appointme.	ict of process for the above stated corporation at the place designated in this nt as registered agent and agree to act in this capacity
$(\mathcal{M}_{\mathcal{M}})$	112/1
Required Signature of Registe	ered Agent Date
I submit this document and affirm that the facts stated h	hgrein are true. I am aware that any false information submitted in a document
to the Department of State constitutes a third degree felo	by as provided for in s.817.155, F.S.
Jew WII)	4/26/16
Required Signature of In	eorporator Date
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