

N16000006583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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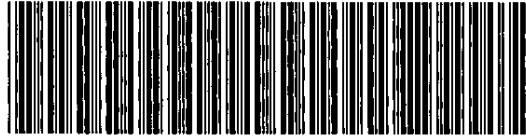
(Business Entity Name)

(Document Number)

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TLH  
6/30/16

## COVER LETTER

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

SUBJECT: Opulent 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: Ingrid Williams  
Name (Printed or typed)

2411 S. Jenkins Road  
Address

Fort Pierce, FL 34947  
City, State & Zip

(772) 370-9495  
Daytime Telephone number

opulentlifeinc@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)

**ARTICLE I NAME**

The name of the corporation shall be: Opulent Life, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2411 S. Jenkins Road

Fort Pierce, FL 34947

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide the community & benefit the public with programs to encourage & promote educational & academic improvement and develop life skills. Provide low income families with gifts (incl. food as deemed necessary) during the holidays and books.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Founding Director appoints the Board Members who follow the by-laws.

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

Name and Title: <u>Ingrid Williams</u>	Name and Title: <u>Leinitia Robinson</u>
Address: <u>2411 S. Jenkins Road</u>	Address: <u>Board Member - Director</u>
<u>Fort Pierce, FL 34947</u>	<u>1402 Nebraska Ave #4D</u>
<u>Founding Director - Boardmember</u>	<u>Fort Pierce, FL 34947</u>
Name and Title: <u>Ronicka Robinson</u>	Name and Title: _____
Address: <u>Board of Director</u>	Address: _____
<u>303 N 30<sup>th</sup> Street</u>	_____
<u>Fort Pierce, FL 34947</u>	_____

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CLERK OF DISTRICT COURT  
FORT PIERCE, FLORIDA

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

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

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: Ingrid Williams

Address: 2411 S. Jenkins Rd

Fort Pierce, FL 34947

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ingrid Williams

Address: 2411 S. Jenkins Rd

Fort Pierce, FL 34947

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:

Ingrid Williams  
Required Signature of Registered Agent

6-13-16  
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.

Ingrid Williams  
Required Signature of Incorporator

6-13-16  
Date