

N24000003922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

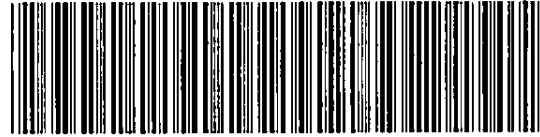
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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2024 MAR 21 PM 1:11
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TALLAHASSEE, FL
05/22/24--01070

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2024 MAR 21 PM 4:16
TALLAHASSEE, FL 0710

N240000046373

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY
Instructions for Life, Inc.

FOR OFFICE USE ONLY

PICK ONE:

____ CERTIFIED COPY XX PHOTOCOPY ____ C.U.S.

FILING:

XX CORPORATION ____ LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP
____ FICTITIOUS NAME ____ SERVICEMARK/TRADEMARK ____ AMENDMENT
____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN
____ OTHER _____

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 3/21/24 TIME _____

Notes: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Instructions for Life, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
101 S 12th Street #102

Tampa, FL 33602

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A mission to harness technology to unlock the full human potential.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed by president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Pimpis, President/Director

Address: 101 S 12th Street #102
Tampa, FL 33602

Name and Title: Dominic Jay Kossifos, Director

Address: 3903 Carol Court
Culver City, CA 90232

Name and Title: Sean Clayton, Director

Address: 3711 Parry Ave. Suite 104
Dallas, TX 75226

Name and Title: Ashley Skrzypek, Director

Address: 101 S 12th Street #102
Tampa, FL 33602

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL
MAR 21 PM 1:11

FILED

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: Universal Registered Agents, Inc. _____

Address: 1317 California Street _____

Tallahassee, FL 32304 _____

ARTICLE VII INCORPORATOR

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

Name: Aaron Pimpis _____

Address: 101 S 12th Street #102 _____

Tampa, FL 33602 _____


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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



Required Signature of Registered Agent

03/21/2024

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

03/21/2024

Date

DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED
MAR 21 2024