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DIRECTOR OF THE ORIGINAL ORIGI

RECEIVED

## **COVER LETTER**

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

SUBJECT:	LIFE C	ycle Con	2 PORATION
	(PROPOSED CORPOR	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original an	d one (1) copy of the Artic	les of Incorporation and	a check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	J. E.	ButLER (Printed or typed)	_
-	3B S.	Blue Angel Address	Pkuy # 112
-	Pensac ci	ty, State & Zip	506
-	BCO-7 Daytim	90-5409 e Telephone number	_

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be:	Life Cycle Corp
ARTICLE II PRINCIPAL OFFICE	, – – – – – – – – – – – – – – – – – – –
Principal <u>street</u> address:3B_S_Blue	Mailing address, if different is:
	2
	14, FL 32 <b>5</b> 06 32506
The purpose for which the corporation is organized	Drissist Homeless Reple.
- FMRPOSES 12	2 rissist Homeless Depole.
ARTICLE IV MANNER OF ELECTION  VOTE FROM BOARD	The manner in which the directors are elected and appointed: 134 MA TOP: 77
ARTICLE V INITIAL OFFICERS AND/OR	R DIRECTORS
Name and Title: Toba Billion	ファム日か Name and Title:
Address <u>38 S. Blue A</u>	
Snite 112	$oldsymbol{arphi}$
Pensacida,	
, ,	Name and Title:
Address	Address:
<del></del>	
Name and Title:	Name and Title:
Address	Address:
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Name and Title:_	Name and Title:	<del></del>
Address	Address:	
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Name and Title:_	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address	Address:	
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	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of the registered age	ent is:
Name:	John Briler	2524
Address:	38. S. Blue Angel Pkmy # 112	~.
	Pensapola, Fl 32506	<b>^</b> '
ARTICLE VII	INCORPORATOR	-
The <u>name and ad</u>	dress of the Incorporator is:	7
Name:	John Butter	-
Address:	38 S. Blue Awgel Pkuy# 112	
	Pensacola, Fl 32506	
Effective date, if o	ther than the date of filing: 4/25/2024 (Oute is listed, the date must be specific and cannot be more than in	
Note: If the date document's effect	nserted in this block does not meet the applicable statutory filing reve date on the Department of State's records.	equirements, this date will not be listed as the
	ed as registered agent to accept service of process for the above miliar with and accept the appointment as registered agent and agr	
	Required Signature of Registered Agent	4/25/24
t antimization to	Regulted Signature of Registered Agent ment and affirm that the facts stated herein are true. I am aware tha State constitutes a third degree felony as provided for in s.817.155,	Date It any false information submitted in a document to
the Department of	State constitutes a trita aespee jeiony as provided for in \$\text{\$A} i \$I\$ YY.	F.S.