TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 800004627428--10/08/01--01024--<u>03</u>0 \*\*\*\*\*78.75 \*\*\*\*\*78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 □ \$78.75 **□** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy

ROM: Leslie MacDill

Name (Printed or typed)

8412 Pine Cone Rd.

Address

Tallalassce FL 32311

City, State & Zip

(850) 656-4570

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

J. BRYAN OCT - 8 2001

& Certificate of

Status

ADDITIONAL COPY REQUIRED

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:	APPORTOR ANGUER
North Florida Life Force, Iac	500 8 00
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	ALATA AND STON
8412 Pine Cone Rd. Tallahassee, FL 32311	TONDA
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):	
P. Leslie MacDill 8412 Pine Cone Rd	
Tallahassee, FL 32311	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	
Leslie MacDell	
8412 Pine Cone Rd. Tallahassee, FL 32311	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	. vær
heslie MacDill 8412 Pine Cone Rd.	
Tallahesste, FL 32311 **********************************	***********
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	
Signature/Registered Agent	10/7/01
level: W. as D 50	10/7/1
Signature/Incorporator	Date