

# TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 622  
Tallahassee, FL 32302

SUBJECT: Lifetime Financial Associates, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Gary M. Mills, P.A.

Name (printed or typed)

1761 W. Hillsboro Blvd., #104

Address

Deerfield Beach, FL 33442

City, State & Zip

954-427-4228

Daytime Telephone number

100004778931--7

-01/16/02--01083--001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

**ARTICLES OF INCORPORATION  
OF  
LIFELINE FINANCIAL ASSOCIATES, INC.**

FILED  
02 JAN 16 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation under, F.S. Chapter 607, and other laws of the State of Florida.

**ARTICLE I. NAME**

The name of the corporation is Lifeline Financial Associates, Inc.

**ARTICLE II. PRINCIPAL OFFICE**

The principal office and mailing address of this corporation are 200 SE 6<sup>th</sup> Street, #603, Ft. Lauderdale, FL 33301.

**ARTICLE III. PURPOSE**

The corporation is formed to engage in any activity necessary to sustain its continuity that is permitted and allowed under the laws of the State of Florida and any other governing body.

**ARTICLE IV. TERM OF EXISTENCE**

The corporation shall have perpetual existence starting on the date these articles of incorporation are filed with the Florida Department of State.

**ARTICLE V. CAPITAL STOCK**

The capital stock of the professional service corporation shall be 10,000 shares of common stock having a par value of \$0.01 per share.

**ARTICLE VI. REGISTERED OFFICE AND AGENT**

The address of the initial registered office of this corporation is 200 SE 6<sup>th</sup> Street, #603, Ft. Lauderdale, FL 33301. The name of the initial registered agent at that address is John Ventiera.

**ARTICLE VII. BOARD OF DIRECTORS**

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of one (1) member. The name and address of the member of the

first board of directors is:

Name	Address
John Ventiera	10330 SW 51 <sup>st</sup> Street, Cooper City, FL 33328
Doug Mitchell	5800 SW 142 <sup>nd</sup> Ave., Davie, FL 33330

#### ARTICLE VIII. SUBSCRIBERS

The name(s) and address(es) of the person(s) signing these articles of incorporation as subscriber(s) is(are):

Name	Address
John Ventiera	10330 SW 51 <sup>st</sup> Street, Cooper City, FL 33328

#### ARTICLE IX. OFFICERS

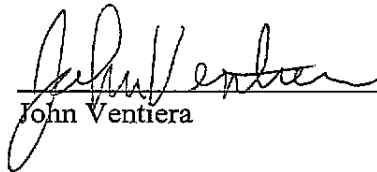
The officers of the corporations shall be as follows:

President:	Doug Mitchell
Vice-President:	Doug Mitchell
Secretary:	John Ventiera
Treasurer:	Doug Mitchell

#### ARTICLE X. AMENDMENT

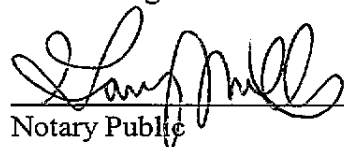
The corporation reserves the right to amend or repeal any provisions in these articles of incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

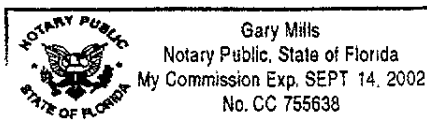
IN WITNESS WHEREOF, the undersigned subscriber(s) executed these articles of incorporation on January 14, 2002:

  
John Ventiera

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing articles of incorporation were acknowledged before me on January 14, 2002, by John Ventiera.

  
Notary Public  
My Commission Expires:



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Lifeline Financial Associates, Inc.

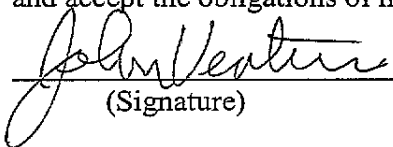
2. The name and address of the registered agent and office is:

John Ventiera  
(Name)

200 SE 6<sup>th</sup> Street, #603  
(P.O. Box not acceptable)

Ft. Lauderdale, FL 33301  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

\_\_\_\_\_  
(Date)

**FILED**  
02 JAN 16 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA