

PO2000052929

TRANSMITTAL LETTER

FILED

02 MAY -9 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: Gift of Life Adoptions, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800005500018--8

-05/09/02--01036--018

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Cliff Davis  
Name (Printed or typed)

4437 Park Blvd.  
Address

Pinellas Park, FL 33781  
City, State & Zip

(727) 549-1416  
Daytime Telephone number

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

D. WHITE MAY 14 2002

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Articles of Incorporation  
for  
Gift of Life Adoptions, Inc.

Article I

The name of the corporation shall be Gift of Life Adoptions, Inc.

Article II

The principal place of business of the corporation shall be

4437 Park Blvd.  
Pinellas Park, FL 33782

Article III

The purpose of the corporation is to provide adoption services by becoming a licensed child placing agency.

Article IV

The number of shares of stock is 1000 shares.

Article V

The name and address of the initial officers/directors is

Cliff Davis  
John Fricker

President/Secretary  
Vice President/Treasurer

Article VI

The name and address of the registered agent is

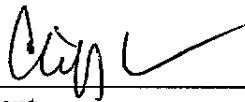
Cliff Davis  
4437 Park Blvd  
Pinellas Park, FL 33782

**Article VII**

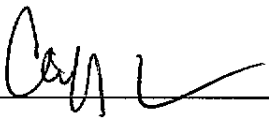
The name and address of the Incorporator is

Cliff Davis  
4437 Park Blvd  
Pinellas Park, FL 33782

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.

  
\_\_\_\_\_  
Registered Agent

5/6/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Incorporator

5/6/02  
\_\_\_\_\_  
Date