

TRANSMITTAL LETTER

PO2000067742

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

600005861766--7
-06/19/02--01048--004
*****78.75 *****78.75

SUBJECT: This Life, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Harold Thistle
Name (Printed or typed)

2121 N. Bayshore Dr. #614
Address

Miami, FL 33137
City, State & Zip

305-573-7004
Daytime Telephone number

FILED
02 JUN 19 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

g6/19

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:

This Life, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2121 N. Bayshore Dr. #614
Miami, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1,000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Harold Thistle
2121 N. Bayshore Dr. #614
Miami, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Harold Thistle
2121 N. Bayshore Dr. #614
Miami, FL 33137

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

Harold Thistle

Signature/Registered Agent

6/14/02

Date

Harold Thistle

Signature/Incorporator

6/14/02

Date

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