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03 MAY -2 AM 9:40  
STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: ANCHORED FOR 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: LINDY S. DIFFENBAUGH  
Name (Printed or typed)

9951 ATLANTIC BLVD. SUITE 121  
Address

JACKSONVILLE, FL. 32225  
City, State & Zip

(904) 994-9495  
Daytime Telephone number

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

FILED

03 MAY -2 AM 9:40

**ANCHORED FOR LIFE, INC.  
(A FLORIDA CORPORATION)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the Florida Corporation Act, the undersigned incorporator hereby forms a corporation and files with the Secretary of State of the State of Florida, Anchored For Life, Inc., a corporation formed under the laws of the State of Florida.

**ARTICLE I**

**NAME**

The name of this corporation is ANCHORED FOR LIFE, INC.

**ARTICLE II**

**PRINCIPLE OFFICE AND MAILING ADDRESS**

The principal office and mailing address of this corporation shall be located at Regency East Office Park, 9951 Atlantic Blvd, Suite 121 Jacksonville 32225.

**ARTICLE III**

**PURPOSE**

The purpose of this corporation is to establish prevention before a life crisis happens, and to bring intervention and rehabilitation to those who are already in crisis. It is primarily established to promote wholeness, wellness, and fullness of life through prevention, counseling intervention and the application of Christian Principles to individuals, marriages, and families. It is also established to further other rehabilitative and charitable purposes enumerated in the By-Laws of this corporation; and to that end to adopt and establish By-Laws, and make all rules and regulations deemed necessary for the management of its affairs, in accordance with law and not inconsistent with these Articles of Incorporation, to take, manage, hold mortgage and dispose of the property, real and personal, of said corporation, to acquire and convey title to such property, to defend title to such property, and to manage, invest and spend funds entrusted to it for such purposes.

#### ARTICLE IV

##### **SHARES**

The corporation is authorized 1000 shares of stock.

#### ARTICLE V

##### **BY-LAWS**

The Registered Agent shall provide such By-Laws for the conduct of its business and carrying out of its purposes as may be necessary from time to time. The By-Laws may be amended, restated, altered or rescinded at the discretion of the Registered Agent.

#### ARTICLE VI

##### **REGISTERED AGENT**

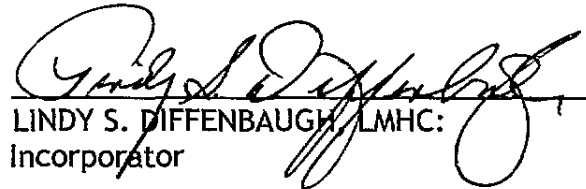
The name and address of the Registered Agent is Lindy S. Diffenbaugh LMHC, located at Regency East Office Park, 9951 Atlantic Blvd, Suite 121 Jacksonville 32225.

ARTICLE VII  
**INCORPORATOR**

The name and street address of the incorporator signing these Articles of Incorporation is:

<u>Name</u>	<u>Address</u>
Lindy S. Diffenbaugh, LMHC:	Regency East Office Park, 9951 Atlantic Blvd, Suite 121 Jacksonville 32225.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 29 day of April 2003.

  
LINDY S. DIFFENBAUGH, LMHC:  
Incorporator

**STATE OF FLORIDA  
COUNTY OF DUVAL**

The foregoing instrument was acknowledged before me this 29 day of April 2003 by LINDY S. DIFFENBAUGH, LMHC, Incorporator.

\_\_\_\_ Personally Known, OR FDL

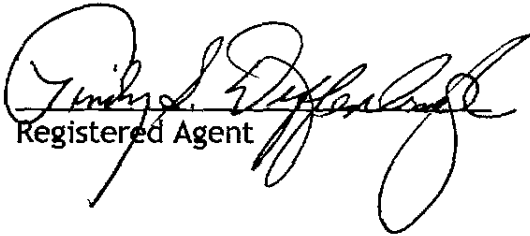




Kathleen C. Adamo  
MY COMMISSION # DD029165 EXPIRES  
May 28, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.

## ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated corporation, Regency East Office Park, 9951 Atlantic Blvd, Suite 121 Jacksonville 32225, 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 as provided for in Chapter 607.0505 F.S.

  
Registered Agent

FILED  
03 MAY -2 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA