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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filin g Officer :		



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SECRETARY OF STATE

2014 AUG 23 P 12: 17

TRANSMITTAL LETTER

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

SUBJECT: PLAN 4	LIFE, INC. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Su	san Wauchope		
	Name	(Printed or typed)	
	1665 Starfish Street	Address	
	Kissimmee, FL 34744	State & Zip	
	(407)301-2458	elenhone number	

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

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:

PLAN 4 LIFE,INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1665 Starfish Street, Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Life care planning

ARTICLE IV SHARES

The number of shares of stock is: 10,000 common shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Susan Wauchope 1665 Starfish Street, Kissimmee, FL 34744 Director Gwen Rossiter 2201 Hickory Woods Court, St. Cloud, FL 32772

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Nancy R. Flesher, 229 Alma Street, Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan Wauchope, 1665 Starfish Street, Kissimmee, FL 34744

*******	*********************
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered a	the above stated corporation at the place designated in
Signature/Registered Agent	Date
Signature/Incorporator	

THE ED

THE SECRETARY OF STATE
TALLAHASSEE, FLORIFA

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