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(Requ	uestor's Name)	
(Addi	'ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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05 MAY 27 PM 1: 50 SECRETARY OF STATE TALL AHASSEE, FLORIDA

AND FILED

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CB 5-31

TRANSMITTAL LETTER

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

SUBJECT: True2L	ife, Inc.		
	(PROPOSED CORPORA	ATE NAME - MUSTINCE	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	cicles of incorporation and	a check for:
□l #ēro oiò	D 070 77	D 450 55	[7] #a= #a
\$70.00	□ \$78.75	\$78.75	Z] \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate
		ADDITIONAL CO	Status
		ADDITIONAL CO	T I KEQUIKED
•			
 .			
FROM: Der	metriues Hawkins	/K-1-1-1	
	Name	(Printed or typed)	
<u>:</u>	5684 Calais Lane		
		Address	
·	·.		
	St.Petersburg,FL 33714		
-	City	, State & Zip	
	727-520-0163		
=	Daytime 1	elephone 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

True2Life, Inc.

95 MAY 27 PM 1:50

SECRETARY OF STAIL TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5684 Calais Lane St.Petersburg, FL 33714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit entertainment/fashion company

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Demetriues Hawkins, 5684 Calais Lane, St. Petersburg, FL 33714, President Wayne Coleman, 5684 Calais Lane, St. Petersburg, FL 33714, Vice President Kathina Glan, Surv Calais Lane, St. Petersburg, FL 33714, Scrictory

ARTICLE VI REGISTERED AGENT

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

Katrina Glenn 5684 Calais Lane St.Petersburg,FL 33714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Demetriues Hawkins 5684 Calais Lane St.Petersburg,FL 33714

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

Signature/Registered Agent

Date

Signature/Incorporator

Date