| (Re | equestor's Name) | | | |
|---|------------------|-------------|--|--|
| (Address) | | | | |
| (Ac | ldress) | | | |
| (6) | t. (C)-1-17: (D) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| : | | | | |
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| | | | | |

Office Use Only



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COVER LETTER

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

| SUBJECT: | Independent | Life Solution | ions, Inc. |
|----------------------|--|--|--|
| | (PROPOSED CORPORAT | ΓΕ NAME – <u>MUST INCLI</u> | <u>ude suffix</u>) |
| Enclosed are an orig | ginal and one (1) copy of the artic | eles 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 |
| FROM: | | Printed or typed) | - |
| | 6107 NW Cotal Spri | | 3076 |
| | 954 270 Daytime Te | 25/8 | |

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

| ARTICLE I NAME | |
|--|--------------------------|
| The name of the corporation shall be: | |
| Independent Life Solutions, Inc. | |
| Inagenount was | |
| ARTICLE II PRINCIPAL OFFICE | |
| | 2 |
| 121St Are COTOL SOTINGS, FL | J3076 |
| The principal place of business/mailing address is: 6/07 NW 12/St Ave, Cotal Springs, FL | |
| | |
| ARTICLE III PURPOSE | . o |
| The purpose for which the corporation is organized is: | SECRET |
| To offer ansulting Services. | |
| 75 57707 557541 | 957 |
| ARTICLE IV SHARES | - CO-FE |
| The number of shares of stock is: | |
| , - | = XX |
| | OF STATE ORS DRPGRATIONS |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | |
| Karen Rothstein, president | |
| Major hondian, F | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: | رسىم |
| Karen Rothstein, 6107 NW 121st Ave, Coral | Sormas, FL |
| Karen Kothstein, 6107 NW Idla Me Coral | 33076 |
| | |
| ADDICE BUILD THOODOD A MOD | |
| The name and address of the Incompanies: | C-ac Fl |
| The name and address of the Incorporator is: Karen Rothstein, 667 NW 121ST Ave, Cotal | Springs. 2 |
| Karen Gothstein, 60 100 a) | 33076 |
| March 1 | |
| | |
| ************************************** | errrrrrrrrrr |
| Having been named as registered agent to accept service of process for the above stated corporation at the placertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity | ice uesigniueu in inis |
| | 1 1 . |
| Xaren Kothsteen 61 | 10/06 |
| Signature/Registered Agent Date | ; |
| KONON ROGENSTORM (0/1) | 10/06 to 106 |
| Signature/Incorporator Date | <u> </u> |
| Signature/incorporator Date | • |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)