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Special Instructions to Filing Officer:					





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# **COVER LETTER**

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

SUBJECT:	HSITUC T	PENAME-MUSTINCE	UDE SUFFIX)	
	·			
Enclosed are an orig	rinal and one (1) copy of the artic	les of incorporation and	l a check for:	
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	7907 VIG	Frinted or typed)  Lun à	Jemon	
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NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

## **ARTICLE 1- NAME**

The name of the Corporation shall be: Positive Transitions Inc

#### ARTICLE II: PRINCIPAL OFFICE:

The principal place of business/mailing address is: 7507 Via Luria Lake Worth, Fl 33467

# **ARTICLE III: PURPOSE**

The purpose for which the corporation is organized is: LIFE COACHING and MEDICAL PRACTICE CONSULTING

# **ARTICLE IV: SHARES**

The number of shares of stock is 100

## ARTICLE V: INITIAL OFFICERS AND/ OR DIRECTORS

Sondra Hoffman Stateman, President 7507 Via Luria Lake Worth, Fl 33467 David Alan Stateman, Vice President 7507 Via Luria Lake Worth, Fl 33467 Sondra Hoffman Stateman, Treasurer/Secretary 7507 Via Luria Lake Worth, Fl 33467

#### ARTICLE VI: REGISTERED AGENT

The name of the registered agent is: Sondra Hoffman Stateman 7507 Via Luria Lake Worth, Fl 33467

#### ARTICLE VII: INCORPORATOR

The name and address of Incorporator is: Sondra Hoffman Stateman 7507 Via Luria Lake Worth, Fl 33467

Having been names 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

Signature Incorporator

Date

8/16/20

Date