

P07000095127

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

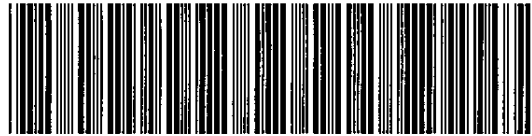
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Special Instructions to Filing Officer:

W07-39041

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2007 AUG 24 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2007

ANGELA FLOYD
P.O. BOX 340895
TAMPA, FL 33694

SUBJECT: LIFE HAPPENS, INC.
Ref. Number: W07000039041

We have received your document for LIFE HAPPENS, INC.. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The document must state the number of shares of authorized stock.

✓ Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 507A00049104

RECEIVED
07 AUG 24 AM 11:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Life Happens, 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

*N/A
paid*

FROM: Angela Floyd

Name (Printed or typed)

P.O. Box 340895

Address

Tampa, FL 33694

City, State & Zip

(813) 956-8866

Daytime Telephone 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:

Life Happens, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5102 Belmere Parkway Apt. 1402

Tampa, FI 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide techniques for mental health stability and awareness through workshop presentations, consultation, and training. Services will be provided to individuals in order to promote wellness through life changes and enhance job performance.

ARTICLE IV SHARES

The number of shares of stock is:

One share of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angela Floyd

Owner/Founder

5102 Belmere Parkway, Apt. 1402

Tampa, FI 33624

ARTICLE VI REGISTERED AGENT

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

Herbert Floyd

5102 Belmere Parkway, Apt. 1402

Tampa, FI 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Floyd

5102 Belmere Parkway, Apt. 1402

Tampa, FI 33624

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

Signature/Incorporator

FILED
2007 AUG 24 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/20/07

Date

8/20/07

Date