

PO7000108847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

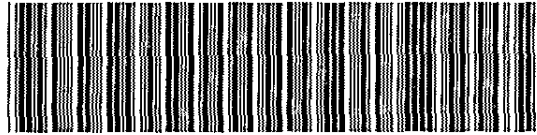
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
07 OCT -2 AM 11:11  
DEPT. TREAS. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2007 OCT -2 AM 10:42  
DEPT. TREAS. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CL 10-3

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TO GOD 4LIFE INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2.00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

#### NEW FILINGS

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

#### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

#### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

#### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

# **ARTICLES OF INCORPORATION**

IN ACCORDANCE WITH chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

**TO GOD 4LIFE INC.**

## ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS / MAILING ADDRESS IS:

**5600 N W 114 PLACE APT. 213  
DORAL, FLORIDA 33178**

## ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

**THIS CORPORATION MAY ENGAGE IN ANY AND LAWFUL  
BUSINESS IN THE INDUSTRY PERMITTED UNDER THE LAWS  
OF THE USA, THE STATE OF FLORIDA OR ANY OTHER STATE,**

## ARTICLE IV SHARES

THE NUMBERS OF SHARES OF STOCKS IS:

**100 – SHARES \$ 10.00 PAR VALUE**

## ARTICLE V INITIAL OFFICERS / DIRECTORS

THE NAME (S) AND ADDRESS (ES):

**CAMILO RAMIREZ (P. D.)  
5600 N W 114 PLACE APT. 213  
DORAL, FLORIDA 33178**

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ADRIENNE BRISSAUD (VP. D.)  
5600 N W 114 PLACE APT. 213  
DORAL, FLORIDA 33178

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

CAMILO RAMIREZ  
5600 N W 114 PLACE APT. 213  
DORAL, FLORIDA 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADRIENNE BRISSAUD  
5600 N W 114 PLACE APT. 213  
DORAL, FLORIDA 33178

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.....  
Having been named as registered agent to accept services 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

.....10-1-2007.....  
Date

  
.....  
Signature/Incorporator

.....10-1-2007.....  
Date