

P08000082504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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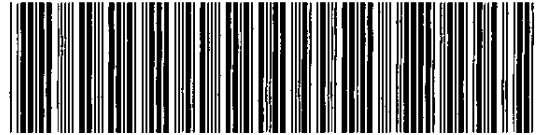
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/08--01035--016 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -8 PM 4:02

9/8/08

COVER LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP -8 PM 4:02

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

SUBJECT: Total Health and Life Incorporated

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Austin Fletcher

Name (Printed or typed)

3003 Marble Crest Dr.

Address

Land O Lakes, FL 34638

City, State & Zip

727-534-3684

Daytime Telephone number

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

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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:

Total Health and Life Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3003 Marble Crest Dr., Land O Lakes, FL 34638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to sell health and life insurance products and service customer needs in relation to those products.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anthony Tudela, 1710 Marigold Circle, Land O Lakes, FL 34637, President
Austin Fletcher, 3003 Marble Crest Dr., Land O Lakes, FL 34638, Vice - President
Jason Tonissen, 3003 Marble Crest Dr., Land O Lakes, FL 34638, Vice - President
Joanne Fletcher, 3003 Marble Crest Dr., Land O Lakes, FL 34638, Treasurer / Secretary

ARTICLE VI REGISTERED AGENT

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

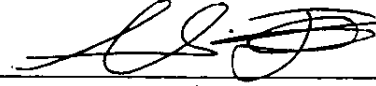
Austin Fletcher, 3003 Marble Crest Dr., Land O Lakes, FL 34638

ARTICLE VII INCORPORATOR

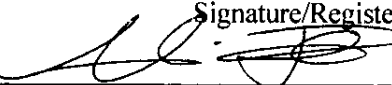
The name and address of the Incorporator is:

Austin Fletcher, 3003 Marble Crest Dr., Land O Lakes, FL 34638

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

 Austin Fletcher
Signature/Registered Agent

9-3-08
Date

 Austin Fletcher
Signature/Incorporator

9-3-08
Date