

P11000034193

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Special Instructions to Filing Officer:

Office Use Only

691 -

W11000017795



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03/24/11--01027--010 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 APR -5 AM 10:50

4/4/11

## COVER LETTER

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

SUBJECT: Wealthy Life Change Enterprises, 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**

*PAID* ✓

FROM: Dean Craft

Name (Printed or typed)

13779 White Heron Place

Address

Jacksonville, FL 32224

City, State & Zip

904-616-8061

Daytime Telephone number

deanolifter@aol.com

E-mail address: (to be used for future annual report notification)

2011 APR - 5 AM 10:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 APR -5 AM 11:29

DIVISION OF CORPORATIONS

March 29, 2011

DEAN CRAFT  
13779 WHITE HERON PLACE  
JACKSONVILLE, FL 32224

SUBJECT: WEALTHY LIFE CHANGE ENTERPRISES, INC  
Ref. Number: W11000017795

We have received your document for WEALTHY LIFE CHANGE ENTERPRISES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 911A00007633

2011 APR -5 AM 10:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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: **Wealthy Life Change Enterprises, Inc**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 APR -5 AM 10:50

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**13779 White Heron Place**  
**Jacksonville, FL 32224**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Consulting and sales.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Dean Craft - Owner**  
Address: **13779 White Heron Place**  
**Jacksonville, FL 32224**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

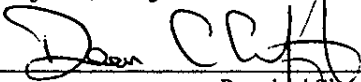
Name: **Dean Craft**  
Address: **13779 White Heron Place**  
**Jacksonville, FL 32224**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Dean Craft**  
Address: **13779 White Heron Place**  
**Jacksonville, FL 32224**

*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*

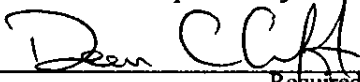


Required Signature/Registered Agent

**4/3/11**

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

**4/3/11**

Date