

P/1000073534

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COVER LETTER

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

SUBJECT: Plan For Life, 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

FROM: CHARLES HERNANDEZ
Name (Printed or typed)
603 W MASSACHUSETTS ST.
Address
HERNANDO, FL 34442
City, State & Zip
954 593 9100
Daytime Telephone number
charlesh@myagencydesk.com
E-mail address: (to be used for future annual report notification)

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: PLAN FOR LIFE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
603 W MASSACHUSETTS ST
HERNANDO, FL 34442

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES HERNANDEZ Name and Title: _____
Address: 603 W MASSACHUSETTS ST Address: _____
HERNANDO, FL 34442

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CHARLES HERNANDEZ
Address: 603 W MASSACHUSETTS ST
HERNANDO, FL 34442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLES HERNANDEZ
Address: 603 W MASSACHUSETTS ST
HERNANDO, FL 34442

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

Charles Hernandez
Required Signature/Registered Agent

8/1/11
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.

Charles Hernandez
Required Signature/Incorporator

8/1/11
Date

FILED
11 AUG 15 AM 11:42
DEPT. OF STATE
TALLAHASSEE, FLORIDA