

P11000105878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

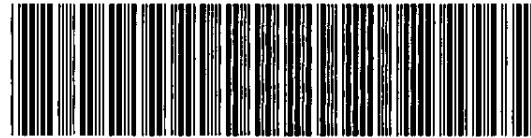
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2011 DEC 13 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18th DEC 14 2011

COVER LETTER

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

SUBJECT: **THE LIFE ENRICHMENT COMPANY**

(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: **DONNA WATSON**

Name (Printed or typed)

1112 WESTON RD #316

Address

WESTON, FL 33326

City, State & Zip

337-255-5577

Daytime Telephone number

DWATSON@ZBNCORP.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: **THE LIFE ENRICHMENT COMPANY**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1112 WESTON RD #316
WESTON, FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DONNA WATSON, PRESIDENT**
Address: **1112 WESTON RD #316**
WESTON, FL 33326

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: **DONNA WATSON**
Address: **1112 WESTON RD #316**
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DONNA WATSON**
Address: **1112 WESTON RD #316**
WESTON, FL 33326

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

Donna Watson

Required Signature/Registered Agent

12-12-11

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.

Donna Watson

Required Signature/Incorporator

12-12-11

Date

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