

P12000010074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

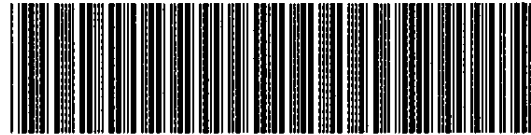
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 27 PM 4:01

1/30

8

## COVER LETTER

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

SUBJECT: Lifestyle Protection Group, 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: Neil Burkholz

Name (Printed or typed)

11223 Sea Grass Circle

Address

Boca Raton, FL 33498

City, State & Zip

561-289-6508

Daytime Telephone number

nburkholz@yahoo.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: Lifestyle Protection Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11223 Sea Grass Circle  
Boca Raton, FL 33498

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Financial and insurance services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Neil Burkholz  
Address: 11223 Sea Grass Circle  
Boca Raton, FL 33498  
President

Name and Title: Carl Lendinara  
Address: 11031 NW 21st Place  
Coral Springs, FL 33071  
Vice President

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:

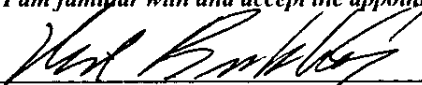
Name: Neil Burkholz  
Address: 11223 Sea Grass Circle  
Boca Raton, FL 33498

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Neil Burkholz  
Address: 11223 Sea Grass Circle  
Boca Raton, FL 33498

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

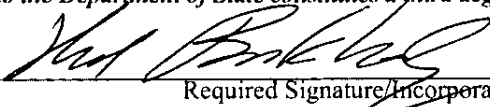


Required Signature/Registered Agent

1/16/2012

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

1/16/2012

Date

12 JAN 27 PM 4:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS