

P13000002481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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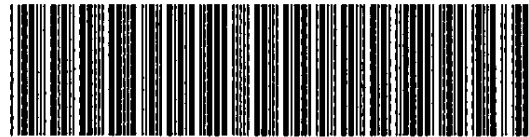
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/10/12--01034--017 **87.50

W12-61345

FILED
13 JAN -7 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burck JAN 8 2013

COVER LETTER

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

SUBJECT: **LIFES MAPPS, 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: **James M. Higgins**

Name (Printed or typed)

1960 Forrest Road

Address

Winter Park, FL 32789-6021

City, State & Zip

407-740-8974

Daytime Telephone number

lifesmapper@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2012

JAMES M. HIGGINS
1960 FORREST ROAD
WINTER PARK, FL 32789-6021

SUBJECT: LIFES MAPPS, INC.
Ref. Number: W12000061345

We have received your document for LIFES MAPPS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 312A00029284

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: **LIFES MAPPS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1960 Forrest Road

Winter Park, FL 32789-6021

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Publish and sell one or more books, commence and operate a social network based on the book, LIFES MAPPS, and provide presentations for various groups.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James M. Higgins, President, Director

Address: 1960 Forrest Road

Winter Park, FL 32789-6021

Name and Title: Susan C. Higgins, Chief Operating Officer, Director

Address: 1960 Forrest Road

Winter Park, FL 32789-6021

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: James M. Higgins

Address: 1960 Forrest Road

Winter Park, FL 32789-6021

ARTICLE VII INCORPORATOR

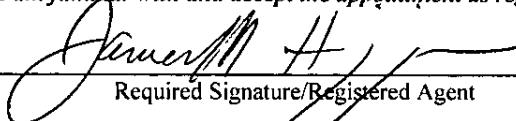
The name and address of the Incorporator is:

Name: James M. Higgins

Address: 1960 Forrest Road

Winter Park, FL 32789

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

December 8, 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

December 8, 2012

Date

FILED
13 JAN -7 PM 4:20
TALLAHASSEE, FL
SECRETARY OF STATE

EFFECTIVE DATE
JANUARY 1, 2013