

P 3000065376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

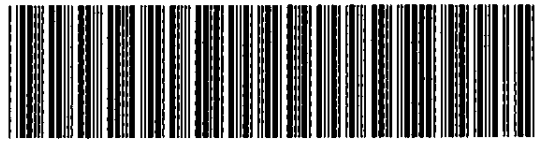
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
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13 AUG - 8 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
13 AUG - 8 AM 11:33

MD 8/8

COVER LETTER

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

SUBJECT: Lifestyle Consultants, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DON L. JOHNSON
Name (Printed or typed)

8275 Jennifer Lane
Address

Seminole, FL 33777
City, State & Zip

727-391-4382
Daytime Telephone number

gbgroup@hotmail.com
Email 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 Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

8275 Jennifer Lane
Seminole, FL 33777

SAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG -8 AM 11:40

APPROVED
AND
FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE TRANSACTION OF ANY
AND ALL LAWFUL BUSINESS FOR WHICH AN ENTITY
MAY BE INCORPORATED FOR UNDER THE LAWS OF
THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DON L. JOHNSON CEO Name and Title: _____

Address: 8275 Jennifer Lane Address: _____
Seminole, FL 33777

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: DON L. JOHNSON
Address: 8275 Jennifer Lane
Seminole, FL 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DON L. JOHNSON
Address: 8275 Jennifer Lane
Seminole, FL 33777

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG -8 AM 11:40

APPROVAL
FILED

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

Don L Johnson
Required Signature/Registered Agent

8-8-2013
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.

Don L Johnson
Required Signature/Incorporator

8-8-2013
Date