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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **LIFE CHANGING RECOVERY, 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: **STEPHEN MASIELLO**

Name (Printed or typed)

**1 HAWTHORNE DRIVE**

Address

**LAKE PARK, FL 33403**

City, State & Zip

**561-506-2938**

Daytime Telephone number

**masiello.steve@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: LIFE CHANGING RECOVERY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1 HAWTHORNE DRIVE

LAKE PARK, FL 33403

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: STEPHEN MASIELLO, PRES. Name and Title: MICHELLE SCHRADER, VP

Address: 1 HAWTHORNE DRIVE Address: 3763 BAHAMA ROAD  
LAKE PARK, FL 33403 PALM BEACH GARDENS, FL 33410

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(conti.)

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: STEPHEN MASIELLO

Address: 1 HAWTHORNE DRIVE

LAKE PARK, FL 33403

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: STEPHEN MASIELLO

Address: 1 HAWTHORNE DRIVE

LAKE PARK, FL 33403

*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*

Stephen Masiello  
Required Signature/Registered Agent

05/28/2014  
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.*

Stephen Masiello  
Required Signature/Incorporator

05/28/2014  
Date