

P14000063476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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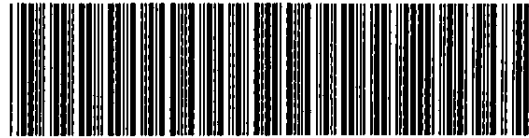
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/28/14--01024--001 **70.00

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14 JUL 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/29/14

COVER LETTER

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

SUBJECT: Great Life Now 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sue M. Murphy
Name (Printed or typed)

14037 East Parsley Drive
Address

Madeira Beach, FLORIDA 33708
City, State & Zip

727-914-4079
Daytime Telephone number

sue@great-lifenow.com
E-mail address. (to be used for future annual report nomination)

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

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14 JUL 28 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Great Life Now Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

14037 East Parsley Drive
Madreira Beach, FL
33708

Mailing address, if different is:

Same

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sue Murphy, President Name and Title: Mark Patzschke Vice President

Address 14037 East Parsley Dr. Address: 14037 East Parsley Dr.
Madreira Beach, FL Madreira Beach, FL
33708 33708

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: Sue M. Murphy
Address: 14037 East Parsley Drive
Madeira Beach, FLORIDA 33708

ARTICLE VII INCORPORATOR

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

Name: Sue M. Murphy
Address: 14037 East Parsley Drive
Madeira Beach, FLORIDA 33708

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

Sue M. Murphy
Required Signature/Registered Agent

July 22, 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.

Sue M. Murphy
Required Signature/Incorporator

July 22, 2014
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA