

P14000099065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

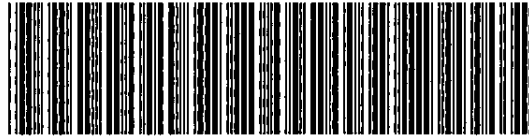
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/10/14--01026--003 **78.75

APPROVED
AND
FILED
14 DEC 10 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: **PREPlife, 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: **Matthew Ihm**
Name (Printed or typed)
3343 Pacific Drive
Address
Naples, FL 34119
City, State & Zip
2395377965
Daytime Telephone number
jeff@preplife.org
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 DEC 10 PM 1:34

ARTICLE I NAME

The name of the corporation shall be: PREPlife, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9045 Strada Stell Court

Unit 103

Naples, FL 34109

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

3343 Pacific Drive

Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business.

ARTICLE IV SHARES 10,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Ihm President

Address: 3343 Pacific Drive
Naples, FL 34119

Name and Title: Brendan Ihm VP

Address: 3343 Pacific Drive
Naples, FL 34119

Name and Title: J.P. Ihm Secretary

Address: 3343 Pacific Drive
Naples, FL 34119

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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AND
FILED (cont.)

14 DEC 10 PM 1:34

Name and Title: _____ Name and Title: _____
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

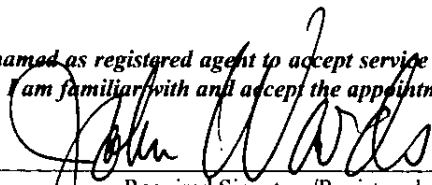
Name: John Woods
Address: 1320 Mariposa Circle, 104
Naples, FL 34105

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Ihm
Address: 3343 Pacific Drive
Naples, FL 34119

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

12/01/2014

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.



Required Signature/Incorporator

12/01/2014

Date