P14000/01086

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filing Officer.	
•		

Office Use Only



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12/19/14--01008--015 **78.75

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DEPARTMENT OF STATE DIVISION OF CORPORATION

14 DEC 19 AM 8: 1



1/4

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		·	
Lifetime Adoption, Ir	nc.		
		\times	Art of Inc. File
	****		LTD Partnership File
			Foreign Corp. File
:			L.C. File
			Fictitious Name File
			Trade/Service Mark
		\	Merger File
		<u> </u>	Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
	·	X	Certificate of Good Standing
			Certificate of Status
		ĺ —-	Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
		\ <u></u>	Vehicle Search
			Driving Record
Requested by: SETH	12/18/14	\	UCC 1 or 3 File
Name	Date Tim	ne	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

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

SUBJECT: LIFI	ETIME ADOPTION	ON, INC.	
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUPPIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
		e (Printed or typed)	
4,	201 4th Street N	Address	
S	t. Petersburg FL	33703	
<u>72</u>	27-898-4198	, State & Zip	
•	· · · · · · · · · · · · · · · · · · ·	Telephone number	
<u></u>	alcuttlaw@bellsouth	1. HOL ed for fishire annual report	notification)

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

APPROVED AND FILED

14 DEC 19 AM 8: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Lifetime Adoption, Inc. Document Number N13600003530 4952 US HWY 19 N New Port Richey FL 34652

Letter of Instructions for Articles of Dissolution:

To Whom it may concern:

Lifetime Adoption, Inc., hereby acknowledges and WAIVES its right to petition for revocation of dissolution within 120 days of the filing of articles of dissolution and gives PERMISSION for the incorporation of Lifetime Adoption, Inc., a new for profit corporation using the same corporate name as the dissolved not for profit corporation.

by:

Mardalynne Caldwell, President



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

14 DEC 19 AM 8: 16

ARTICLE I N. The name of the corpo	AME Lifetime Adoption	, Inc.	SECRETARY OF ST
	RINCIPAL OFFICE Principal street address		TALLAHASSEE, FLOI Mailing address, if different is:
4952 US HW	/Y 19 N		
New Port Ric	chey FL 34652		
The purpose for which	repose In the corporation is organized is: Any law Perating a licensed Florida C	wful purpo	ng Agency
ARTICLE IV SE		Ps	
	_{ile:} Mardalynne Caldwell PD		le: Heather Featherston VD
Address	4952 US HWY 19 N	Address:	4952 US HWY 19 N
	New Port Richey FL		New Port Richey FL
	34652	-	34652
Name and Titi	_{e:} David Scinto TD	Name and Tit	_{le:} Linda Rotz SD
Address	4952 US HWY 19 N	Address:	4952 US HWY 19 N
71901005	New Port Richey FL		New Port Richey FL
	34652		34652
Name and Titl	e:	_ Name and Tit	le:
Address		Address:	

14 DEC 19 AH 8: 16

Name and Address	I Title:	Name and Title:	SECRETARY OF STATE TALLAHASSEE, SLORIDA
ARTICLE VI The name and Fle Name: Address:	Patrick B. Calcutt 4201 4th St N Suite 4 St. Petersburg FL 33703	the registered agent is:	
ARTICLE VII The name and ad-	INCORPORATOR Iress of the Incorporator is:		
Name:	Patrick B. Calcutt		
Address:	4201 4th St N Suite 4 St. Petersburg FL 33703		
Having been nam this certificates a	ed as registered agent to accept service of process in familian with and accept the application as reg Required Signature/Registered Agent	for the above stated corpo istered agent and agree to	oration at the place designated in act in this capacity 8/28/20/4 Date
I submit this docu document to the D	ment and affirm that the facts stated herein are in epartment of State constitutes of third degree felong	rue. I am aware that the as provided for in s.817.	false information submitted in a 155, F.S. 8/28/2014