

P15000069664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

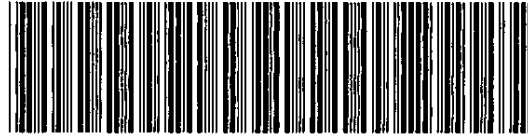
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15 AUG 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bush AUG 24 2015

COVER LETTER

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

SUBJECT: FAMILY LIFE FINANCIAL SERVICES
(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: KYLE TETREAU
Name (Printed or typed)

131 LOWER LAKE CT
Address

DEBARY FL 32713
City, State & Zip

850-766-6734
Daytime Telephone number

TETREAU DD @HOTMAIL.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: FAMILY LIFE FINANCIAL SERVICES CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

131 LOWER LAKE CT
DEBARY FL 32713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE FINANCIAL
SERVICES TO HELP PROTECT FAMILIES.
- INSURANCE, INVESTMENT, REAL ESTATE SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KYLE TETREBAULT PRESIDENT/CEO Name and Title: _____

Address 131 LOWER LAKE CT Address: _____

DEBARY FL 32713

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: KYLE TETREAULT
Address: 131 LOWER LAKE CT
DEBARY FL 32713

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KYLE TETREAULT
Address: 131 LOWER LAKE CT
DEBARY FL 32713

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8-12-15
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

8-12-15
Date