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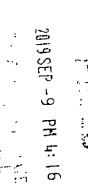
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Áddress) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: | Bot Life | Inc. | |
|----------------------|--|---|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | 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 COPY REQUIRED | | |
| FROM: | Matthew Bland | _ | |
| | 3609 Ches | Address January | e Apt A |
| | Savasola, F. | -L 342: State & Zip | 37 |
| | 941 - 8 Daytime T | 79 - 883 2 elephone number | <u> </u> |
| | E-mail address: (to be used | L 23 @ a.d. d d for future annual report r | outification) |

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: Bot Life | e Inc. |
|---|--------------------------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address | Mailing address, if different is: |
| 3609 Cheshire Square Apt A Sarasota, FL 34237 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| Clothing Sales | |
| | |
| <u> </u> | 2019 SE TI |
| | 1 40 |
| ARTICLE IV SHARES The number of shares of stock is: | PH 10 |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| Name and Title: Matthew Blours Address Apt A | |
| Surasola FC 342 | 37 |
| Name and Title: Many Anne Look | Name and Title: \\ \ reasure \rangle |
| Address 3609 Cheshire Sq. | Address: |
| Sprasola, FL342 | 37 |
| Name and Title: | Name and Title: |
| Address | Address: |
| | |

| Name and Title: | Name and Title: |
|--|--|
| Address | Address: |
| | |
| | |
| | |
| ARTICLE U. BUSINESS | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No. | OT acceptable) of the registered agent is: |
| Name: Mary Anne Lo | |
| Address: 3/209 Chashire | Sq. Apt A |
| Surasak, FC | -34237 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Name: Matthew Bl | |
| Address: 3x09 Chesh | ure Sy. Apt A |
| Sucsole, Fl | _ 3-12-3 7 |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spefiling.) | O 1 19 (OPTIONAL) ecific and cannot be more than five days prior or 90 days after the |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of | et the applicable statutory filing requirements, this date will not be listed as State's records. |
| Having been named as registered agent to accept so this certificate, I am familiar with and accept the ap | ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity |
| Mary One Jook Required Signature/Regis | 2/27/20 |
| I submit this document and affirm that the facts st document to the Department of State constitutes a th | tated herein are true. I am aware that the false information submitted in a hird degree felony as provided for in s.817.155, F.S. |
| | - |
| Required Signature/Incorporator | Date |