

P20000021542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19-84395

Office Use Only



100333639941

09/04/19--01003--01E ♦♦128.75

FILED  
2020 MAR 11 PM 1:15  
SEC. HON. J. S. GIBBS  
TALLAHASSEE, FL 32301

MAR 12 2020  
K Brumley

## COVER LETTER

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

SUBJECT: The Keys to Life by Angela, Inc. Domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

The Keys to Life by Angela, Inc

Name (printed or typed)

5049 Hawks Hammock Way

Address

Sanford, FL 32771

City, State & Zip

(678) 799-6921

Daytime Telephone Number

thekeystolife@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Angela D. Kline President  
(Name) (Title)

of The Keys to Life by Angela, Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1501, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was November 10, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The Keys to Life, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is The Keys to Life by Angela, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 3333 Sweet Basil Lane, Loganville, GA, 30052.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1501.

I am President of The Keys to Life by Angela, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 28 day of August, 2019

Angela D. Kline  
(Authorized Signature)

Filing Fee:  
Certificate of Domestication \$ 50.00  
Articles of Incorporation and Certified Copy \$ 78.75  
Total to domesticate and file \$128.75

DH553 (12/12)

FILED  
2020 MAR 11 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

The Keys to Life by Angela, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

5049 HAWKS HAMMOCK WAY

SANFORD, FL 32771

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Said corporation is organized with the purpose of helping people  
to be healthy.

**ARTICLE IV    SHARES**    10,000  
THE NUMBER OF SHARES OF STOCK IS: \_\_\_\_\_

**ARTICLE V    INITIAL DIRECTORS AND/ OR OFFICERS**  
THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
Angela D Kline	_____
President	_____
_____	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

**ARTICLE VI      INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Angela D. Kline

5049 HAWKS HAMMOCK WAY

SANFORD, FL 32771

**ARTICLE VII      INCORPORATOR**

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Angela D. Kline

5049 HAWKS HAMMOCK WAY

SANFORD, FL 32771

\*\*\*\*\*

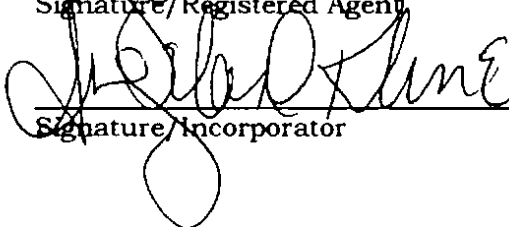
**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**



Signature/Registered Agent

08/28/2019

Date



Signature/Incorporator

08/28/2019

Date