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Florida Department of State
Division of Corporations
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CORPORATIONS
COMMERCIAL
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PLAN4LIFE INSURANCE STRATEGIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Help

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: PLAN4LIFE INSURANCE STRATEGIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3127 NW 63RD STREET
BOCA RATON, FL 33496

Mailing address, if different is:

3127 NW 63RD STREET
BOCA RATON, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIAN HILL - PRESIDENT

Address: 3127 NW 63RD STREET
BOCA RATON, FL 33496

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: BRIAN HILL

Address: 3127 NW 63RD STREET
BOCA RATON, FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 41 STATE STREET, SUITE 700
ALBANY, NY 12207

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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 days prior or 90 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

/s/ Brian Hill

Required Signature/Registered Agent

07/19/2023

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.

Lawrence A. Kirsch

Required Signature/Incorporator

07/19/2023

Date

(H23000 252 315-1)