

9500005/465

OFFICE USE ONLY (Document #)

Technological Partnership Processing Inc
(Requestor's Name)
c/o Kyle Jones
(Address)
10460 Raintree Blvd #111
(City, State, Zip) (Phone #)
NV Las Vegas 89116
33716

400001531714
-07/07/95--01013--014
****122.50 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION.

**OF
LIFE SIGNS INC.**

The undersigned incorporator hereby forms a corporation under chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

LIFE SIGNS INC.

The address of the principle office of this corporation shall be 405 Central Ave., Suite 204 St. Petersburg, Florida 33701, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 405 Central Ave. Suite 204, St. Petersburg, Florida 33701 and the name of the initial registered Agent of the corporation at that address is Kyle E. Jones.

ARTICLE V. TERM OF EXISTENCE

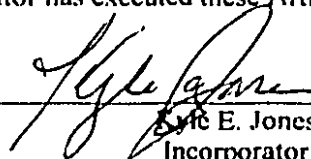
This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation.

Mr. Kyle E. Jones
405 Central Ave., Suite 204
St. Petersburg, Florida 33701

The undersigned incorporator has executed these Articles of Incorporation on June 27, 1995.



Kyle E. Jones
Incorporator



SANDRA P. WYNN
MY COMMISSION # CC417797 EXPIRES
October 31, 1998
BONDED THRU TROY FAIR INSURANCE, INC.



ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 405 Central Ave. Suite 204, St. Petersburg, Florida 33701 and the name of the initial registered Agent of the corporation at that address is Kyle E. Jones.

ARTICLE V. TERM OF EXISTENCE

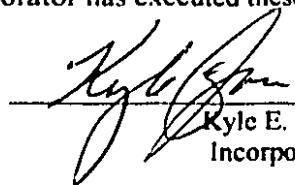
This corporation is to exist perpetually,

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation.

Mr. Kyle E. Jones
405 Central Ave., Suite 204
St. Petersburg, Florida 33701

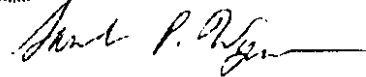
The undersigned incorporator has executed these Articles of Incorporation on June 27, 1995.



Kyle E. Jones
Incorporator



SANDRA P. WYNN
MY COMMISSION # CC417797 EXPIRES
October 31, 1998
BONDED THRU TROY FARM INSURANCE, INC.



1200 HAYS STREET
TALLAHASSEE, FL 32304
(904) 224-8000
FAX (904) 224-8001

800-342-8000

P95000051465



ACCOUNT NO. : 072100000032
REFERENCE : 729937 155286A
AUTHORIZATION : Patricia T.
COST LIMIT : \$ 35.00

FILED
NOV 14 PM 4:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ORDER DATE : November 7, 1995
ORDER TIME : 10:27 AM
ORDER NO. : 729937
CUSTOMER NO: 155286A
CUSTOMER: Walter Zebrowski, Esq
Walter Zebrowski, Esq
1550 McMullen Booth Road
Clearwater, FL 34619

2000001005400

DOMESTIC AMENDMENT FILING

NAME: LIFE SIGNS, INC.

☒ ARTICLES OF AMENDMENT
☐ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

Amendment
11-15-95

DC



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 14, 1995

CSC NETWORKS
ATTN: GAIL L. SHELBY

SUBJECT: LIFE SIGNS INC.
Ref. Number: P95000051465

We have received your document for LIFE SIGNS INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 695A00050487

re-submit

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
FOR
LIFE SIGNS INC.**

FILED
95 NOV 14 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III of the Articles of Incorporation of LIFE SIGNS INC. shall be amended to read as follows:

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$.001 par value per share.

All other paragraphs and articles of the Articles of Incorporation shall remain unchanged.

The foregoing amendment was adopted by the Incorporator without shareholder action because shareholder action was not required.

The foregoing amendment was adopted on the 9th day of November, 1995.

 11/13/96
BY Its Incorporator,
Kyle E. Jones

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000051465**

1. Corporation Name

LIFE SIGN INC

Principal Office Address

Mailing Address

405 CENTRAL AVE.

SAME

SUITE 204

ST. PETERSBURG, FL 33701

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name of Officer and/or Director

3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

4. City / State / Zip

Title(s)

PRES. KYLE E. JONES

**405 CENTRAL AVE.
SUITE 204**

ST. PETERSBURG, FL 33701

200001991232--0
-10/30/96--01130--015
******375.00 ****375.00**

REINSTATEMENT 1/996

8. Name and Address of Current Registered Agent

KYLE E. JONES
405 CENTRAL AVE.
ST. PETERSBURG, FL 33701

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Kyle E. Jones

REGISTERED AGENT MUST SIGN

Date **10/21/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations, from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the registered agent or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kyle E. Jones

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

10/21/96 (813) 898-0588 EXT 150

Date Daytime Phone