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CORPORATION NAME(S) & DOCUMENT NUME  1. LIFE STYLE ORTHOPE  (Comporation Flame)  2. (Corporation Name)  4. (Corporation Name)  Walk in Pick up time 9-00  Mail out Will wait Photocopy	(Document #)  (Document #)  (Document #)  (Certified Copy  Certificate of Status
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### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I -\_NAME

The name of the corporation shall be:

LIFESTYLE orthopedic supply INC.

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

210 W 68 ST #214 Halean- Fla- 33014

## ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Consuelo Nartinez = 210 W G8 ST # 214 Haleah - Fla - 33014 O2 SEP 24 PM 1: 12

#### <u> ARTICLE V – INCORPORATOR</u>

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

Incorporation is:	
Consuelo Martinez -	
210 w 68 ST # 214 Halenh-Fla-33014	
The undersigned incorporator has executed these Articles of Incorporation this 23 day of 2002	
Calleig	
Signatu <del>l</del> 'e	

#### **ARTICLE VI- DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Consuelo Martinez - President 210 W 68 ST # 214 Haleah - Fla- 33014

OZ SEP 24 PM 1:12
SUCKLASKY OF STATE
ALLAHASSEL FLORIDA

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature