

PO4000025277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

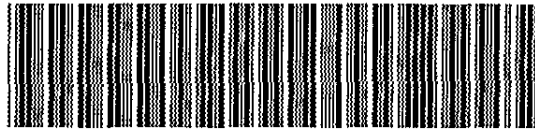
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2004 FEB - 2 P 3 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: LIFE EXTENSION HEALTH CENTER, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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: LOU MATTHEWS
Name (Printed or typed)

2474 ROUSE RD
Address

ORLANDO, FL 32817
City, State & Zip

407.629.6556
Daytime Telephone number

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:

LIFE EXTENSION HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2474 ROUSE RD. ORLANDO, FL 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL HEALTH SUPPLEMENTS & HEALTH RELATED PRODUCTS - MAIL ORDER

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CAROL MATTHEWS
416 CAMBRIDGE BLVD - PRESIDENT
WINTER PARK, FL. 32789
50 SHARES

LOU MATTHEWS
2474 ROUSE RD - VP
ORLANDO, FL 32817
50 SHARES

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LOU MATTHEWS
2474 ROUSE RD
ORLANDO, FL 32817

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LOU MATTHEWS
2474 ROUSE RD
ORLANDO, FL 32817

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2004 FEB -2 P 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Signature]

Signature/Registered Agent

1/28/04
Date

[Signature]

Signature/Incorporator

1/28/04
Date