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**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LIFESTYLE ACTIVITIES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 OCT -2 PM 11:09

19 OCT -2 PM 11:20

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

LIFESTYLE ACTIVITIES, INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9100 S. DADELAND BLVD

SUITE 1500

MIAMI FL 33156

**ARTICLE III SHARES:** The number of shares of stock is: 500

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

SHEVCHENKO STEPAN - President

9100 S. DADELAND BLVD.

SUITE - 1500

MIAMI FL 33156

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

SHEVCHENKO STEPAN

9100 S. DADELAND BLVD

MIAMI FL 33156

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

SHEVCHENKO STEPAN

9100 S. DADELAND BLVD

MIAMI FL 33156

19 OCT -2 PM 11:09  
H.C.L.D.  
OFFICE OF STATE  
TREASURY OF FLORIDA  
CORPORATION DIVISION

**Required Signatures:**

**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**

Shcherchenko Stepan                      10/1/19  
Registered Agent                                      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.**

Shcherchenko Stepan                      10/1/19  
Incorporator    Date

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
Authorized Member

**Name and Address:**