

TRANSMITTAL LETTER

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

SUBJECT:

*Life Rhythms, Inc.*  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

*Hermida Gibson*  
Name (Printed or typed)

*P.O. Box 1544*  
Address

*Tallahassee, Fl. 32302*  
City, State & Zip

*850 878-6779*  
Daytime Telephone number

01 SEP 20 PM 3:11

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400004603324--3  
-09/20/01--01096--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 Rhythms, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*P.O. Box 1643  
Tallahassee, Fl. 32302*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*An Emotional Health Consultant Services*

## ARTICLE IV SHARES

The number of shares of stock is:

*1*

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*Hermida Gibson  
P.O. Box 1544  
Tallahassee, Fl. 32302*

## ARTICLE VI REGISTERED AGENT

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

*Hermida Gibson  
925 E. Magnolia St. 44  
Tallahassee, Fl. 32308*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Hermida Gibson  
925 E. Magnolia St. 44  
Tallahassee, Fl. 32308*

\*\*\*\*\*  
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

*Hermida Gibson*  
Signature/Registered Agent

*9/20/2001*  
Date

*Hermida Gibson*  
Signature/Incorporator

*9/20/2001*  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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