

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       \$78.75  
Filing Fee      Filing Fee  
                  & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	01 SEP 20 PM 3:11 DEPT OF STATE VISITORS TALLAHASSEE Filing Fee, Certified Copy & Certificate of Status RECEIVED FLORIDA
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 20 PM 3:11

APPROVED  
AND  
FILED

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

NOTE: Please provide the original and one copy of the articles.

19/08/01

## 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/mailing 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):

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

### ARTICLE VI REGISTERED AGENT

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

*Fernida Gibson  
925 E. Magnolia St. 14  
Tallahassee, Fl. 32308*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Fernida Gibson  
925 E. Magnolia St. 14  
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

*Fernida Gibson*

Signature/Registered Agent

*9/20/2001*  
Date

*9/20/2001*  
Date

APPROVED  
AND  
FILED

01 SEP 20 PM 3: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA