TRANSMITTAL LETTER 00010 Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 HEALTH & LI FE SERVICES, TWC (Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 **\$122.50** \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Southwest Professional Services of South Florida, Inc. Name (Printed or typed) 40013571 McGregor Blvd. #22 Address Fort Myers, Fl. 33919 City, State & Zip 941-481-4444 Daytime Telephone number

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

0511/9

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HEALTH & LIFE SERVICES , INC.

ARTICLE II PRINCIPAL OFFICE

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

2015 SW 28th LN. CAPE CORAL FL 33914

ARTICLE III SHARES

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

1000

ARTICLE IV **INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA. INC. 13571 MCGREGOR BLVD. #22 FORT MYERS FL 33919.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

XIDMARA PSGUERO CAPE COPAL PL 33

aua

ignature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent Southwest, Professional Services of South Florida

Inc.

Signature/Registered Agent Mitchell Stovring

Date