



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone - -: (850)521-1000

Fax Number : (850)521-1030

FLORIDA PROFIT CORPORATION OR P.A.

LIFE RESOURCES UNLIMITED CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION OF LIFE RESOURCES UNLIMITED CORPORATION

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

LIFE RESOURCES UNLIMITED CORPORATION

The address of the principal office of this corporation shall be:

4465 Gabriella Lane, Winter Park, FL 32792

and the mailing address of the corporation shall be the same.

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ARTICLE II. COMMENCEMENT OF CORPORATE EXISTENCE

This corporation shall commence corporate existence on January 2, 2002.

ARTICLE III. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

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ARTICLE V. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 4465 Gabriella Lane, Winter Park, FL 32792 and the name of the initial registered agent of the corporation at that address is NICOLE M. KELLY.

ARTICLE VI. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors. The names and addresses of the initial members of the Board of Directors are:

Nicole M. Kelly, 4465 Gabriella Lane, Winter Park, FL 32792

Robert D. Ryan, 860 N. Orange Avenue, #159, Orlando, FL 32801

ARTICLE VIII. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President/

Nicole M. Kelly, 4465 Gabriella Lane, Winter Park, FL 32792 Treasurer:

Vice

President Robert. D. Ryan, 860 N. Orange Avenue, #159, Orlando, FL 32801 Secretary:

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ARTICLE IX. SPECIAL PROVISION

This corporation shall be organized to comply with the provisions of Subchapter S of the Internal Revenue Code, 26 U.S.C. 1361 et. seq., and shall take all actions necessary to obtain and maintain its status as an S corporation as defined therein.

ARTICLE X. INCORPORATOR

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

Nicole M. Kelly 4465 Gabriella Lane, Winter Park, FL 32792

IN WITNESS WHEREOF, the undersigned incorporator has hereunto set his hand

this 15 day of Dec., 200).

Nicole M. Kelly, Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

LIFE RESOURCES UNLIMITED CORPORATION

The name and address of the registered agent and office is:

Nicole M. Kelly 4465 Gabriella Lane, Winter Park, FL 32792

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.

SIGNATURE MICOLO M

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SECRETARY OF STATE
TALLAHASSEF FLORIDA