TRANSMITTAL LETTER

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

DOC. EXAM

SUBJECT: Breath of Life Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	
300050008: -02/25/02010 *****87.50 *	
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 □ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Cop & Certificate Status ADDITIONAL COPY REQUIRED	of
FROM: Rebeca Calderon Name (Printed or typed)	02 APR
9945 SW 164 Terrace	
Miami Florida 33157 City, State & Zip	?
Daytime Telephone number Daytime Telephone number Daytime Telephone number	

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

NO2-4018



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 28, 2002

REBECA CALDERON 9945 SW 164TH TERR MIAMI, FL 33157

SUBJECT: BREATH OF LIFE THERAPEUTIC MASSAGE, INC.

Ref. Number: W02000005841

We have received your document for BREATH OF LIFE THERAPEUTIC MASSAGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 102A00012369

Tim Burch
Document Specialist
New Filing Section

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Breath of Life Corporation ARTICLE II PRINCIPAL OFFICE 9945 SW 164 Terrace The principal place of business/mailing address is: Miumi Florida 33157 ARTICLE III to perform therapeutic massage The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) ARTICLE The name(s), address(es) and title(s): hebeca Caldenon. President Licensed MassageTherapist 9945 SW 164 Terr. Miami FL 33157 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Kebeca Calderoñ 9945 SW 144 Tem. Miami, FL 33/57 ARTICLE VII *INCORPORATOR* Kebeca Calderori The name and address of the Incorporator is: 9945 SW 104 Terrace Miami, Florida 33157 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