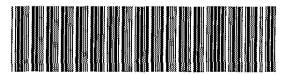
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CORPORATION NAME(S) & DOC		
1. BESI LIFE A.	LF, INC.	
(Corporation Name)	(Document #)	
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OTHER FILIGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
	Other	
•	Examiner's Initials	

### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

BEST LIFE OLF, Inc.

SECRETARY OF STATEA TALLAHASSEE, FLORIBA 02 OCT 25 PH 2: 00

# ARTICLE II - PRINCIPAL OFFICE

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

840 NW 44 QUE Migmi FL 33/26

# ARTICLE III -SHARES

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rach FleitAS 1425 SW 36 QUE Mignol FL 33145

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is:
Raul FLEITAS
1425 Sin 36 Ave Miomi, EL 33145 The undersigned incorporator has executed these Articles of
Miami El 23145
The undersigned incorporator has executed these Articles of
Incorporation this 24 day of Oct 2 20 02
Grad
Signature

## ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Raul Fleitas (resident)

Emma Padilla (VICE President)

840 NW 44 QVE

Miami, 1-2 33126

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature