

P02000133719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

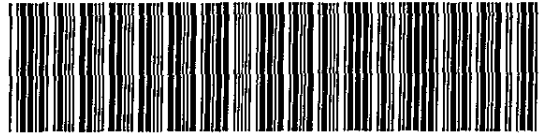
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATIONS
02 DEC 23 PM 3:18

12-23-02
WCC

TRANSMITTAL LETTER

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

SUBJECT: LIFESTYLE PLUS, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Claudio J. Alegre
Name (Printed or typed)

13334 SW 152 Street, #2607
Address

Miami, FL 33177
City, State & Zip

(305) 219-8958

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

LIFESTYLE PLUS, INC.

ARTICLE II PRINCIPAL OFFICE

10977 SW 25TH AVE
MIAMI, FL. 33165

ARTICLE III PURPOSE

TO MARKET HEALTH PRODUCTS VIA THE INTERNET

ARTICLE IV SHARES

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS

HENRY ZALDIVAR (PRESIDENT)
10977 SW 25TH STREET
MIAMI, FL 33165

CLAUDIO J. ALEGRE (VICE PRESIDENT)
13334 SW 152 STREET, #2607
MIAMI, FL 33177

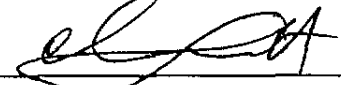
ARTICLE VI REGISTERED AGENT

CLAUDIO J. ALEGRE
13334 SW 152 STREET, #2607
MIAMI, FL 33177

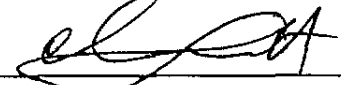
ARTICLE VII INCORPORATOR

CLAUDIO J. ALEGRE
13334 SW 152 STREET, #2607
MIAMI, FL 33177

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

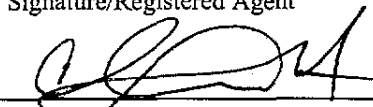


Signature/Registered Agent

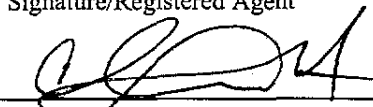


Date

12/18/02



Signature/Incorporator



Date

12/18/02

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DIVISION OF CORPORATIONS
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