P04000	225277
(Requestor's Name) (Address) (Address)	400027985324
(City/State/Zip/Phone #)	02/02/0401075025 **87.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: / D. WHITE FEB – 7 2004 Office Use Only	FILED 2004 FEB - 2 P 3 11 SECRE TARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

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SUBJECT: LIFE EXTENSION HEALTH CENTER, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

STO.00 Filing Fee	 \$78.75 Filing Fee & Certificate of Status 	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status PY REQUIRED	
FROM:	ROM: LOU MATTHEWS Name (Printed or typed)			
	2474 ROUSE RD Address			
ORLANDO, FL 32817 City, State & Zip				
	407.629.658 Daytime T	clephone 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

The name of the corporation shall be:

LIFE EXTENSION HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2474 ROUSE RD. OPLANDO, FR 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:



SHARES ARTICLE IV

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V List name(s), address(es) and specific title(s): CAROL MATTHEWS

- PRESIDENT 416 CAMBRIDGE BLVD WINTER PARK, FL. 32789 50 SAMES

ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:

> LOU MATTHEWS 2474 ROUSE RD ORLANDO, K 32817

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

LOU MAITHENS 2474 ROUSE RD ORLANDO. 42 32817

LOU MATTHENUS VP 2474 RAUSE RD - VP ORLANDO, PL 32817 50 SHARES



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 Age

Signature/Incorporator