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NEW FILINGS	AMENDMENTS		
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NonProfit	Resignation of R.A., Officer/Director		
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Domestication	Dissolution/Withdrawal		
Other	Merger :		
OTHER FILINGS	REGISTRATION		
Annual Report	QUALIFICATION		
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Trademark

Examiner's Initials

Other

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#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming all 1 P 1: 40 corporation under the Florida Business Corporation Act, hereby tary of STATE adopt(s) the following Articles of Incorporation.

TALLAHASSEE, FLORIDA

#### **ARTICLE I - NAME**

The name of the corporation shall be:

LiFE SOLUTIONS HME., INC.

#### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:  $650 \, \text{Siv} \, 9 \, \text{St} \, \text{Apto} \, \text{I}$ 

33130 Miami. Fl.

#### 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:

Luis A Mantiner 650 SW 9 St Apto 1 33/30 Miami. Fl

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ARTICLE V - INCORPORATOR 2004 HAY -7 ₽ 1: 40

SECRETARY OF STATE
The name and street address of the incorporator to these Articles of FLORIDA
Incorporation is:

Luis A Mantines 650 SW 95 + #1 MIAMI FL 33130

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_\_ 20<u>6</u>4

Signature

#### **ARTICLE VI- DIRECTOR(S)**

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

LUIS A. MARTINEZ (PRESIDENT)
650 SW 95T #1
MIAMI FL 33/30

PRESIDENT

#### 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