P04000108307

(Requestor's Name)				
(Address)				
•				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duginara Fatih, Marra)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
CPOSIGN MEDICAL CONTROL OF THE CONTR				





400038253834

06/28/04--01072--003 **78.75

2494 C

111, 7/22

TRANSMITTAL LETTER

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

SUBJECT: Lifet	ime Wellness, Inc.		
Enclosed are an orig	ginal and one (1) copy of the artic		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: B	eryl N Stokes, III	Printed or typed)	
	1035 W Dixie Ave	ddress	
Leesburg, FL 34748 City, State & Zip			
	352-728-0980	lephone number	· , , , , , , , , , , , , , , , , , , ,

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 29, 2004

BERYL N STOKES, III 1035 W DIXE AVE LEESBURG, FL 34748

SUBJECT: LIFETIME WELLNESS, INC.

Ref. Number: W04000024996

We have received your document for LIFETIME WELLNESS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 604A00042429

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:

Lifetime Wollness, Inc. Lifetime Wellness of Central Florida, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4371 South Highway 27 Clermont, Florida 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct business for profit

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Carolee O. Horvath, President 4371 South Highway 27 Clermont, FL 34711 Erica L. Horvath, Sec/Treas 4371 South Highway 27 Clermont, FL 34711

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Beryl N Stokes, ill 1035 W Dixie Ave Leesburg, FL 34748

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Beryl N Stokes, III 1035 W Dixie Ave Leesburg, FL 34748

Signature/Incorporator

Date