

P07000135618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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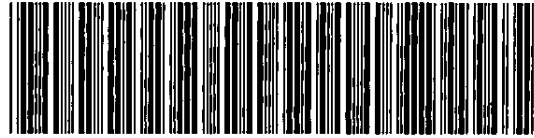
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LIFE MANAGEMENT CORPORATION  
(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: Reginald PIERRE-LOUIS  
Name (Printed or typed)

1097 NW 110 STREET  
Address

NORTH MIAMI FLORIDA 33168  
City, State & Zip

(784) 368-3366 (784) 312-6890  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2007

REGINALD PIERRE- LOUIS  
1097 NW 110 STREET  
NORTH MIAMI, FL 33168

SUBJECT: LIFE MANAGEMENT CORPORATION  
Ref. Number: W07000060445

We have received your document for LIFE MANAGEMENT CORPORATION and your check(s) totaling \$87.50. 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.**

The document number of the name conflict is L05000084309 ( LIFE MANAGEMENT, LLC ).

Please return the corrected 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) 245-6870.

Karen Saly  
Regulatory Specialist II  
New Filing Section

Letter Number: 907A00069908

## 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 MANAGEMENT BIZ CORPORATION

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1097 NW 110 STREET  
MIAMI, FLORIDA 33168

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell best goods and services To the Markets To make  
profit

### ARTICLE IV SHARES

The number of shares of stock is:

(i) ONE

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Reginald PIERRE-Louis  
1097 NW 110 STREET  
MIAMI, FLORIDA 33168  
PRESIDENT & CEO

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:



REGINALD PIERRE-LOUIS  
1097 NW 110 STREET  
MIAMI, FLORIDA 33168

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

REGINALD PIERRE-LOUIS  
1097 NW 110 STREET  
MIAMI, FLORIDA 33168

\*\*\*\*\*  
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

 Reginald PIERRE-LOUIS  
Signature/Registered Agent  
 Reginald PIERRE-LOUIS  
Signature/Incorporator

12/18/2007  
Date  
12/18/2007  
Date

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TALLAHASSEE, FLORIDA