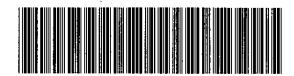
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SECRETARY OF STATE
TALLAHASSEE. FLORID

MRA

COVER LETTER

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

SUBJECT: Life's	Tonic, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$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: O	linda Zucker	e (Printed or typed)	
	10615 Wheelhouse C		
	Boca Raton, Florida 3	3424-1217 , State & Zip	
-	561- 886-8445	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

The name of the corporation shall be:

Life's Tonic, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10615 Wheelhouse Circle Boca Raton, Florida 33428-1217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell and distribute heathy products.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Olinda Zucker President- Treasurer

Michael Zucker Vice President- Secretary

Desiree Quinto Director

Richard Quinto Director

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Olinda Zucker 10615 Wheelhouse Circle Boca Raton, Florida 33428-1217

ARTICLE VII INCORPORATOR

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

01inda Zucker 10615 Wheelhouse Circle
Boca Raton, Florida 33428-1217

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

Signature/Incorporator

Date

Date