

PD8000031030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

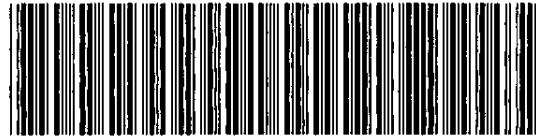
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
08 MAR 25 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
3/25

## COVER LETTER

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

SUBJECT: Lifestyle Systems, Inc.  
(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: Timothy A. Kacprowicz  
Name (Printed or typed)

11365 Misty Ridge Way  
Address

Boynton Beach, FL 33437  
City, State & Zip

561-364-2592  
Daytime 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)

**FILED**

08 MAR 25 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be **Lifestyle Systems, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **11365 Misty Ridge Way  
Boynton Beach, FL 33473**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is **any and all lawful purposes**

**ARTICLE IV SHARES**

The number of share of stock is **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

**Timothy A. Kacprowicz - 11365 Misty Ridge Way, Boynton Beach, FL 33473 - Director**  
**Deborah J. Kacprowicz - 11365 Misty Ridge Way, Boynton Beach, FL 33473 - Director**

**ARTICLE VI REGISTERED AGENT**

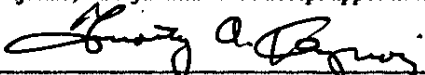
The name and Florida street address of the registered agent is:  
**Timothy A. Kacprowicz - 11365 Misty Ridge Way, Boynton Beach, FL 33473**

**ARTICLE VII INCORPORATOR**

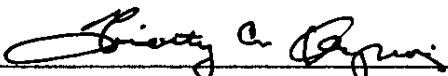
The name and address of the Incorporator is:  
**Timothy A. Kacprowicz - 11365 Misty Ridge Way, Boynton Beach, FL 33473**

\*\*\*\*\*

*Having been name as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am famillar with accept appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

3/20/08  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/20/08  
Date