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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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AUTHORIZATION BY PHONE TO					
CORRECT Share					
DATE 11-24-01					
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Section 2.5

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SERVERS NOV 24 2009

COVER LETTER $_{s_{i}}$

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

SUBJE	CCT:	FE Health S (PROPOSED CORPORA)		ODE SUFFIX)		
Enclose	ed are an origin	nal and one (1) copy of the artic	les of incorporation and	a check for:		
	\$70.00	□ \$78.75	□ \$78.75	\$87.50		
	Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
•		& Certificate of Status	& Certified Copy	Certified Copy		
				& Certificate of		
			ADDITIONAL CO	Status PV REQUIRED		
ADDITIONAL COLL MAQUINED						
	FROM:	halon Bess		2009 SEC		
Name (Printed or typed)						
FROM: Shalon Bess Name (Printed or typed) Name (Printed or typed) AAAAA SER AAAAAA AAAAAAAAAAAAAAAAAAAAAAA						
Haleah, Florida 33015 SEE 23						
(786) 457-7418 Daytime Telephone number						
	1	Cehen Hh Sus- E-mail address: (to be used	for future annual report no	e Com		

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

ARTICLE I NAME			
The name of the corporation shall be:			
Life Health Systems Inc			
ARTICLE II PRINCIPAL OFFICE			
The principal street address and mailing address, if different is:			
6732 NW 193Rd Lane			
Hialeah, Plorida 33015			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
Business Development (for profit)			
ARTICLE IV SHARES			
The number of shares of stock is:	TAT SE	201	
'	LCS A-A	₹	enign _e
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	A E	2009 NOV 23	
List name(s), address(es) and specific title(s):	SSE	23	
Shalon Bess, President	Lu C	79	M
6732 NW 193rd Lane	<u>[]</u>	()	
Hiafeah, FL 33015 ARTICLE VI REGISTERED AGENT	RE	2: 05	
	> "	·WI	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is	:		
6732 NW 193rd Lane			
Higiegh, Florida 33015			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Chama Dass			
70732 NIN 193rd Lone			
Grain bessign 193rd Lone 6732 NW 193rd Lone Hickenh, Florida 33015			
17 CUC. CI), HOM CO OOD CO	*****	*****	***
Having been named as registered agent to accept service of process for the above stated	l corpor	ration d	it the
place designated in this certificate, I am familiar with and accept the appointment as re	egistere	d agen	t and
agree to act in this capacity			
$(\mathcal{N}) \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N} \mathcal{N}$	179		
Signature/Registered Agent Da	10 T		
TO TO MAN WILLIAM	~		
	<u>٦١</u>		
Signature/Incorporator Da	te		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)