

PD9000095929

Florida Department of State  
Division of Corporations  
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(((H09000247301 3)))



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09 NOV 24 PM 4:20  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
LIVE LITE NEW FIGURE AND HEALTH CENTERS OF  
AMERICA I

Certificate of Status	0
Certified Copy	1
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FILED  
2009 NOV 24 A 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**H09000247301**

2009 NOV 24 A H: 23

**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

Live Lite New Figure and Health  
Centers of America Inc.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

3110 SW 129 Ave  
Miami, FL 33175

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Sonia Machado  
3110 SW 129 Ave  
Miami FL 33175

**H09000247301**

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Nov. 24 2009 04:44PM P3

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**ARTICLE V - INCORPORATOR**

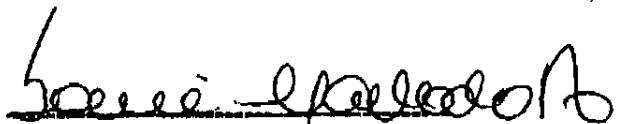
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE  
ARTICLES OF INCORPORATION IS:**

Sonia Machado  
3110 SW 129 Ave  
Miami, FL 33175

**THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES**

23 OF INCORPORATION THIS  
DAY OF November, 2009



**SIGNATURE**

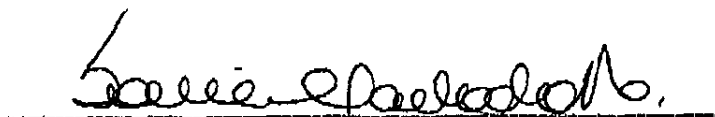
**ARTICLE VI - DIRECTOR(S)**

**THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO  
THESE ARTICLES OF INCORPORATION IS (ARE):**

Sonia Machado President

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED  
OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.



**REGISTERED AGENT SIGNATURE**

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