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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

*Life Solutions Corp.* / *Eagle Eye Enterprises Corporation*

Certificate of Status	0
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**FAKED**  
DEC 22 2009  
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FAX NO. :8502160460  
12/23/2009 4:24:08 PM PAGE 1/001 Fax Server

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December 23, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
FLORIDA FILING & SEARCH SERVICES

SUBJECT: EAGLE EYE ENTERPRISES CORPORATION  
REF: W09000055572

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Loria Poole  
Regulatory Specialist II  
New Filing Section

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Dec. 30 2009 12:11PM P3/3

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09 DEC 22 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Life Solutions CORPORATION

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6574 N State Rd 7 #326  
Coconut Creek, FL 33073

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Finance insurance and marketing

### ARTICLE IV SHARES

The number of shares of stock is:

1500 common shares with 0 par value

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brian Schaeffer  
6574 N State Rd 7 #326  
Coconut Creek, FL 33073

### ARTICLE VI REGISTERED AGENT

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

Florida Filing and Search Services, Inc.  
155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301

### ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

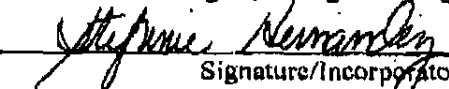
Stefanie Hernandez  
1220 N. Market St., Ste. 804  
Wilmington, DE 19801

\*\*\*\*\*

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

12/22/09  
\_\_\_\_\_  
Date

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

12/22/09  
\_\_\_\_\_  
Date

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