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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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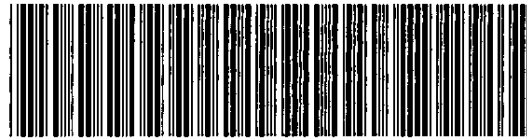
(Business Entity Name)

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2011 AUG 16 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 17 2011

TRANSMITTAL LETTER

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

SUBJECT: BREATH OF LIFE THERAPY, 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: Helene Augustin Registered Agent
Name (Printed or typed)

615 N.E. 160 Terrace
Address

No. Miami, Florida 33162
City, State & Zip

786-201-9011
Daytime Telephone number

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

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: **BREATH OF LIFE THERAPY, INC.**

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Medical Respiratory Therapy

FOURTH

The aggregate number of authorized shares is 1,000 shares Par-Value \$1.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

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TALLAHASSEE, FLORIDA

NINTH

The address of the initial Registered Office of the corporation is:
615 N.E. 160 Terrace No. Miami, Florida 33162
and the name of it's initial Registered Agent at such address is:
Helene Augustin

TENTH

Address of the principal place of business is:
615 N.E. 160 Terrace No. Miami, Florida 33162

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is Three, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

* Helene Augustin, Dir/President

615 N.E. 160 Terrace No. Miami, Florida 33162

TWELFTH

The name and address of each incorporator is:


NAME

ADDRESS


* Helene Augustin, Dir/President

615 N.E. 160 Terrace No. Miami, Florida 33162

Date: August 11th, 2011


Helene Augustin, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the 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 relating to the proper and complete performance of my duties, my position as Registered Agent.


Helene Augustin, Registered Agent

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TALLAHASSEE, FLORIDA