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FLORIDA PROFIT/NON PROFIT CORPORATION
New Life Mobility World Inc.

 Certificate of Status
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T. SCOTT

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ARTICLES OF INCORPORATION

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:

New Life Mobility World Inc.

ARTICLE II PRINCIPAL OFFICE

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

30 Jana Drive Ponce Inlet, FL 32127

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wade Weeks 30 Jana Drive Ponce Inlet, FL 32127

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Wade Weeks - President/Director 30 Jana Drive, Ponce Inlet, FL 32127

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Wade Weeks 30 Jana Drive, Ponce Inlet, FL 32127

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of March 20 15

Wade Wubs

Wade Weeks Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

I. The name of the corporation is: $\underline{\hspace{0.1in}}$	New Life Mobility World Inc.
2. The name and address of the register	red agent and office is:
	Wade Weeks
	Name
	30 Jana Drive
	(P.O. Box or Mail Drop Box NOT Acceptable)
	· · · · · ·
	Ponce Inlet, FL 32127
	(City / State - Zip)
igent and agree to act in this capac	in this certificate, I hereby accept the appointment as registered rity. I further agree to comply with the provisions of all the statutes performance of my duties, and am familiar with and accept the red agent.
	•
Wade Wie	<u></u>
Wade Weeks	(Date)
SIGNATURE	