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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name :

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

(305)552-5973

Phone Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION L.I.F.E CENTER FOR HEALING & GROWTH INC.

Certificate of Status	0
Certified Copy	1
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2 05/11/15

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION #15000110831 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:	
L.I.F.E Center for Healing & Grov	vth
ARTICLE II PRINCIPAL OFFICE:	c.
The principal street address and mailing address is:	
340 SW 120 Ave Miami F	33 184
· · ·	
	•
ARTICLE III SHARES: The number of shares of stock is: 100.	
Jenny Silverio - President	
Jenny Michiel 1163 1064-1	SMO
X P	ECRE SIOH
8	FILE OF CO
	주유도 1982년 1982년
	E S
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
340 SW 120 ave Miami Fl 3318	{
Jenny Silverio	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	i Fl
Jenny Silverio 340 Sw 120 are Mion	184
	,
H 1 5 0 0 0 1 1 0 8 3 1	

Required Signatures:

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

Registered Agent

5-6-2015 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

Incorporator

5-6-2015

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