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# P19000074189

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**\*\*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 LIFESTYLE ACTIVITIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

19 OCT -2 PM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2019 OCT -2 PM 11:20  
 1006102

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Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

LIFESTYLE ACTIVITIES INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9100 S. DADELAND BLVD  
SUITE 1500  
MIAMI FL 33156

**ARTICLE III** **SHARES:** The number of shares of stock is:

500

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

SHEVCHENKO STEPAN - President

9100 S. DADELAND BLVD.  
SUITE - 1500

MIAMI FL 33156

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

SHEVCHENKO STEPAN  
9100 S. DADELAND BLVD  
MIAMI FL 33156

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

SHEVCHENKO STEPAN  
9100 S. DADELAND BLVD  
MIAMI FL 33156

**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

Shurchenko Stepan 10/1/19  
Registered Agent 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 s.817.155, F.S.

Shurchenko Stepan 10/1/19  
Incorporator Date

OCT/02/2019/WED 04:22 PM

FAX No.

P. 003/003

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

**MANAGING MEMBER**