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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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C RICO

JUN 16 2020

****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
LIFETIME HEALTH SERVICES, INC

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

File this one

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Lifetime Health Services, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

433 Plaza Real Suite 275
Boca Raton FL 33432**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Anadavis Padron Planes - PresidentBarbara Lissett Ruiz Alvarez - Vice president.**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Anadavis Padron Planes
433 Plaza Real Suite 275
Boca Raton FL 33432**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANADAVIS PADRON LLANES
433 PLAZA REAL SUITE 275
BOCA RATON FLORIDA 33432FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
20 JUL 16 PM 2:23

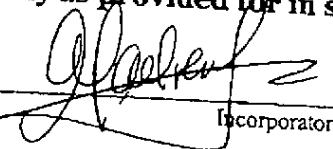
Required Signatures:

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_____
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.



Incorporator_____
Date