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Florida Department of State

Division of Corporations
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	Corporations	
Fax Number	: (850)617-6381	
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From:		
Account Nam	e : LAZARUS CORPORATE FILING SERVICE, INC.	
	ber : I20000000019	
Phone	: (305)552-5973	
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Estimated Charge

\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Health and Life Community Conter inc
ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is: 468 NW 27 AVE ARTICLE III SHARES: The number of shares of stock is: _____ INITIAL DIRECTORS AND/OR OFFICERS: Prignes ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Arianes Marante NW AVC 33125 **ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is: <u>Arianes</u> Marante 468 NW ave 93152 miami

Required Signatures:

Having been named as registered agent to accept service of process for the above st corporation at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this capacity

Registered Agent 10/20/20

I submit this document and affirm that the facts stated herein are true. I am aware the false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155. F.S.