Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

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 GLOBAL LIFE HEALTH CARE INC

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03
\$78.75

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

ARTICLE I NAME: The name of the corporation is:
Global Life Health Care in
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  14255 Sw 57 th LN APT 12  MIAMI, FL, 33183
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: LUCIONA MARTIN COSTA (P.)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Luciana Martin CosTA
14255 SW 57 th LN Apt 12
MIAMI FL. 33183
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Luciana Martin CosTA
14255 5W 57th LN Apt 12.
*

## 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

Eiste Gent 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 of the Department of State constitutes a third degree felony as provided for in \$1817.156. HIS.

Da Da