## **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 : I20000000019 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 RETROLYFE INC

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Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	AR	TICLE II	PRINCIPA	L OFFICE:		
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<u>ICLE II</u>	SHAR	ES: The num	iber of shares	of stock is: _	100	<u> </u>
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## Required Signatures:

3052201440

Having been named as registered agent to accept service of proces; 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



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.

