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 ANGELS OF LIFE THERAPY INC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

REL	S OF LIFE THERAPY INC	
.	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
	6500 W 4 Ave Suite # 33	
	4 Ave Suite#33, Hialoah FL 33012	
		•
ARTI	CLE III SHARES: The number of shares of stock is:/() O	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	1
•	Wasset Dominquez LEON P	
		
		•
	· · · · · · · · · · · · · · · · · · ·	
ΑĐ	TICLE V INITIAL REGISTERED AGENT AND STREET A DORE	
	ame and Florida street address (PO Box not acceptable) of the registered ag	
	Vasset Dominauez Leon	-
	(0500 W) 4) Ave Suite 3	3
	HIAIFAH FI 33012 3	
ARI	TICLE VI INCORPORATOR: The name and address of the Incorpora	tor
	Vasset Dominauez Leon	
	(0500 (L) 4 YAVE Suite 3?	5

EIN:93-4153343

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 [:ate

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