

TRANSMITTAL LETTER
P980000002386

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400002392424--0
-01/07/98-01049-014
****157.50 *****78.75

SUBJECT: LifeSpin Corporation
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LifeSpin Corporation
Name (Printed or typed)

7640 NW 6th St
Address

Plantation FL 33324
City/State & Zip

954-473-1965
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN - 7 PM 12:05

FILED

UB
1-9-98

NOTE: Please provide the original and one copy of the articles.

LifeSpin Corporation

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LifeSpin Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7640 NW 6th St
Plantation, FL 33324

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kenneth Hendel
7640 NW 6th St. Plantation, FL 33324

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kenneth Hendel
7640 NW 6th St.
Plantation, FL 33324

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

FILED
98 JAN -7 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA