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TRANSMITTAL LETTER

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

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-06/04/98--01042--005
****131.25 ****131.25

SUBJECT: *LifeRenewal Health Center at Saratoga, Inc.*
(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: *Bruce Houran*
Name (printed or typed)

4997 Tamiami Trail East
Address

Naples, FL 34113
City, State & Zip

(941)-732-0422
Daytime Telephone number

FILED
98 JUN -4 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles. 6/8/98

ARTICLES OF INCORPORATION

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

FILED
98 JUN -4 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LifeRenewal Health Center at Saratoga, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4997 Tamiami Trail East
Naples, FL 34113

ARTICLE III SHARES

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

7,500 Shares (IRC Section 1244)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bruce Houran
4997 Tamiami Trail East
Naples, FL 34113

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Bruce Houran
4997 Tamiami Trail East
Naples, FL 34113

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of ~~*August*~~ JUNE 8TH, 19 *98*.

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

Bruce J. Houran
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LifeRenewal Health Center at Saratoga, Inc.

2. The name and address of the registered agent and office is:

Bruce Houran
(NAME)

4997 Tamiami Trail East
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Naples, FL 34113
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Bruce H. Houran
(SIGNATURE)

June 2, 1998
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314