

P 980000 85371
TRANSMITTAL LETTER

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

FILED STATE
SECRETARY OF CORPORATIONS
98 OCT -2 AM 8:09

SUBJECT:

Life's Emotions, Inc.
(Proposed corporate name - must include suffix)

000002654490--8
-10/02/98--01031--008
****131.25 *****87.50

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:

Walter Witte

Name (Printed or typed)

3267 NW 123 Avenue

Address

Sunrise, FL 33323

City, State & Zip

(954) 749-3357

Daytime Telephone number

F. CHESSEY OCT 6 1998

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

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:

Life's Emotions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**3267 NW 123 Avenue
Sunrise, Florida 33323**

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

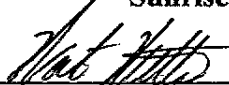
The name and Florida street address of the initial registered agent are:

**Susan P. Witte
3267 NW 123 Avenue
Sunrise, Florida 33323**

ARTICLE V INCORPORATOR

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

**Walter Witte
3267 NW 123 Avenue
Sunrise, Florida 33323**



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

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