P99000027175

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

SUBJECT: Li	feRun, Inc. (Proposed corpo	rate name - must include sul	ffix	<u></u>
			, .00002812 -03/19/990 *****87.50	33 4 3 11091002 *****87.50
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for :	_
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Bailey Law Off	ices, P.C.		·
·	805 W. Idaho S	Street, Suite 40.		
Boise, ID 83702 City, State & Zip				
2mg 199	(208) 368-9889 Daytime Tel	ephone number	OF STATE E. FLORIDA	PR TO

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.

FILED

99 MAR 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LifeRun, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3539 Van Dyke Road, #185 Lutz, FL 33549

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

David E. Houssian 3539 Van Dyke Road, #185 Lutz, FL 33549

ARTICLE V INCORPORATOR

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

David E. Houssian 3539 Van Dyke Road, #185 Lutz, FL 33549

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