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



(Proposed corporate name - must include suffix)

3000022857043--01101-011 *****78.75 *****78, 75

	osed is an original and one (1) copy of the articles of incorporation and a check						
for:	s70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
	FROM:	ALLA Name 4301	COTTON (printed or typed)	Hwy #6			
		Pom	Address ANO Lity, State & Zip	33064			
			ne Telephone number	0789			

SHARON

MAY 4 - 1999

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

ARTICLES OF INCORPORATION

Secret Storios

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.

ARTICLE I NAME

The name of the corporation shall be:

LIFE ENHANCEMENT INSTITUTE CONP

ARTICLE II PRINCIPAL OFFICE

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

4301 N. FEDERAL HWY # 6 POMPHNO, FL. 33064 ARTICLE III SHARES

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

(100) ONE HUNDME)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALLAN GITTMAN 4301 N. FEDERAL HWY #6 POMPANO. FL. 33064

ARTICLE V INCORPORATOR(S)

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

ALLAN GITTMAN 4301 N. FEDERIC HWY #6 POMPANO BCH. FZ. 33064

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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. 7	The name of the corporation is: LIFE	ENHANCE	nent	NSTITUE
		Conte		

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

ALLAN GITTMAN	99	
4301 N. Feberac Hwy #6	APR 2	
Pompero. FL. 33064	AHI	
(City/State/Zip)	ို ယူ	

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) APRIL 20, 1999