

TRANSMITTAL LETTER

P990000 48325

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

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-05/24/99--01076--010
*****87.50 *****87.50

SUBJECT: ✓

Lifetime Therapies, Inc.

(Proposed corporate name - must include suffix)

FILED
MAY 24 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ✓

Diana Lewis Mayfield

Name (Printed or typed)

✓ 1603 S. Cypress Rd.

Address

✓ Pompano Beach, FL 33060

City, State & Zip

✓ (954) 783-0302

Daytime Telephone number

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

F. CHESSE

MAY 27 1999

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
99 MAY 24 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: LIFETIME THERAPIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1603 SOUTH CYPRESS ROAD
POMPANO BEACH, FLORIDA 33064

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 address of the initial registered agent is:

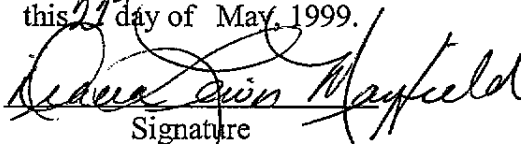
DIANA LEWIS MAYFIELD
1603 South Cypress Road
Pompano Beach, Florida 33064

ARTICLE V INCORPORATOR(S)

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

DIANA LEWIS MAYFIELD
1603 SOUTH CYPRESS ROAD
POMPAÑO BEACH, FLORIDA 33060

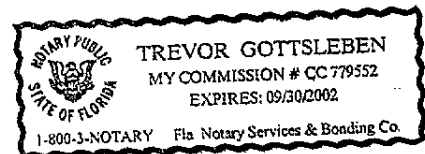
The undersigned incorporator(s) has (have) executed the Articles of Incorporation
this 21st day of May, 1999.


Signature

Sworn to and subscribed to me this 21st day of May, 1999


Notary Public

Iss 2/18/99 Exp. 2/18/2002
M 143-172-64-558-0



FILED
99 MAY 24 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

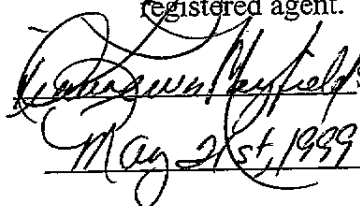
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the corporation is: LIFETIME THERAPIES, INC.

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

DIANA LEWIS MAYFIELD
1603 SOUTH CYPRESS ROAD
POMPANO BEACH, FLORIDA 33060

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 and accept the obligations of my position as
registered agent.

 Signature
May 21st, 1999 Date