P9900069700

TRANSMITTAL LETTER

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

SUBJECT:	LIFE WITHOUT (Proposed corpor	LIMITS II	√C. fix)	-
		20	000029461 -07/30/9901 *****78.75	. 72: 076016 *****78.75
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a c	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 PY REQUIRED	
FROM:	VALENTI NA Name (Pi	KNEPPERS	· · · · · ·	- ·•
	816 SW 13	••	SECRE	
	FORT LAUDER!		TARY OF STATE HASSEE FLORIDA	
		elephone number	·	

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floria	da
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE I NAME

The name of the corporation shall be:

LIFE WITHOUT LIMITS INC.

ARTICLE II PRINCIPAL OFFICE

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

816 SW 12" AVENUE, FORT LAUDERDALE

ARTICLE III SHARES

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

10,000 SHARES

\$. 10 (tencents) PAR VALUE, COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

VALENTINA KNEPPERS

816 SW 12th AVENUE

FORT LAUDERDALE, FL 333/2

INCORPORATOR

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

VALENTINA KNEPPERS

816 SW 12" AVENUE

FORT LAUDERDALE FL 33312

(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