TRANSMITTAL LETTER

P99000101868

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

800003048289--7 -11/18/99--01034--012 *****87.50 *****87.50

SUBJECT: Life Surgical. Com, INC.				F .
	(Proposèd corpo	rate name - must include suffix) ACCURATION ACCURATI	99 NOV 18 AM 9: 56	FILED
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	56	
FROM:	Name (Printed or typed)			e e e e e e e e e e e e e e e e e e e
	Address St lete Beach, FL 33706 City, State & Zip			
	727 - 47 Daytime Te	25-1396 lephone number		

F. C. NOV 2 2 1999

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:

Lise Surgical, com, Inc.

ARTICLE II PRINCIPAL OFFICE

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

415 - 55 th Aue. St lete Beach, FL 33706

ARTICLE III SHARES

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

1,000,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

found R. FROEMMING 415-55th Auc 5+ lete Beach, FC 33706

ARTICLE V INCORPORATOR

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

Ronald R. Freemming 415 - 55th Ave. 54 lete Beach, FL 33706

Signature/Incorporator

11/14/99 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

11/16/99

Date