

Division of Corporations

P0200W08608

**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000022597 7))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : ENRIQUE PRIETO
Account Number : I20010000209
Phone : (305) 951-5449
Fax Number : (305) 229-7063

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 25 PM 1:43**

FLORIDA PROFIT CORPORATION OR P.A.

LIFE EXTENSION NUTRITIONAL CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

nu

H02000022597

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be LIFE EXTENSION NUTRITIONAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

4836 S.W. 8 ST
CORAL GABLES, FL. 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Ten Thousand (10,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~as~~ COMMON SHARES. ~~as~~

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIGUEL RODRIGUES
4836 S.W. 8 ST
CORAL GABLES, FL. 33134

Prepared by: MIGUEL RODRIGUES
4836 S.W. 8 ST
CORAL GABLES, FL. 33134
(305) 448-9955

H02000022597

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 25 PM 1:43

Ho 20000 22597

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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. The name of the corporation is: LIFE EXTENSION NUTRITIONAL CENTER, INC.

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

MIGUEL RODRIGUES
4836 S.W. 8 ST
CORAL GABLES, FL. 33134

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)



(DATE)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 25 PM 1:43

Ho 20000 22597