

P23000057273

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ANTI-AGING INSTITUTE OF MIAMI, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
2023 AUG -3 PM 12:09
CORPORATION IS

2023 AUG -3 PM 9:45
FALLA... SI...

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ANTI-AGING INSTITUTE OF MIAMI, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

Mailing address, if different is:
7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELLEN EDGAR - PRESIDENT
Address: 7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

2023 AUG - 3 PM 9:45
FALLING ROCK FOUNDATION

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ELLEN EDGAR
Address: 7730 BOYNTON BEACH BLVD., #4
BOYNTON BEACH, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH
Address: 41 STATE STREET, SUITE 700
ALBANY, NY 12207

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

/s/ Ellen Edgar
Required Signature/Registered Agent

08/03/2023
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lawrence A. Kirsch
Required Signature/Incorporator

08/03/2023
Date

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FILED IN THE OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(#230002698783)