TRANSMITTAL LETTER

P01000015040

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

800003662338--9
-02/08/01--01108--016
*****87.50 *****87.50

SUBJECT: Anti-Aging Clinics of Florida, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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: WENDY A. LAZAR
Name (Printed or typed)

875 MEADOWS Road, Ste. 311
Address

Boca Raton, FL 33486
City, State & Zip

(561) 391-1884
Daytime Telephone number

FILED
01 FEB -8 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JeB 2/9

(2)

ARTICLES OF INCORPORATION

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

FILED
01 FEB -8 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Anti-Aging Clinics of Florida, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

875 MEADOWS ROAD, Ste. 312 Boca Raton, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical RESEARCH/TESTING

ARTICLE IV SHARES

The number of shares of stock is:

Authorize 100,000 Issue 50,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

(D) Douglas F. Martin, 875 meadows Rd., Ste. 3D, Boca Raton, FL 33486

(D) WENDY A. LAZAR
875 MEADOWS Road, 312, Boca Raton, FL 33486

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

WENDY A. LAZAR
875 MEADOWS Rd., 312, Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

WENDY A. LAZAR
875 MEADOWS Rd., 312 Boca Raton, FL 33486

****

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

Wendy A. Lazar
Signature/Registered Agent

2/8/01
Date

Wendy A. Lazar
Signature/Incorporator

2/8/01
Date