

**A0200000095**

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.

((H02000020573 0))

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JAN 22

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS & BERGER **AL**  
Account Number : 076064003722  
Phone : (954) 491-1120  
Fax Number : (954) 771-9264

**FLORIDA LIMITED PARTNERSHIP**  
**ANTI-AGING REJUVENATION CENTER OF MIAMI, LTD.**

FILED  
02 JAN 23 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$87.50

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
ANTI-AGING REJUVENATION CENTER OF MIAMI, LTD.,  
a Florida limited partnership**

02 JAN 22

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law, as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is Anti-Aging Rejuvenation Center of Miami, Ltd.
2. The address of the office of the Partnership is 7700 North Kendall Drive, Suite 604, Miami, Florida 33156.
3. The name and address of the Agent for service of process on the Partnership is Gregory J. Blodig, 100 West Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.
4. The name and business address of the sole General Partner of the Partnership is Longevity Centers of America, Inc., 7700 North Kendall Drive, Suite 604, Miami, Florida 33156.
5. The mailing address of the Partnership is 7700 North Kendall Drive, Suite 604, Miami, Florida 33156.
6. The latest date upon which the Partnership shall dissolve is December 31, 2051.
7. The effective date of this Certificate of Limited Partnership shall be upon its filing with the State of Florida, Department of State.
8. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Whereof, this Certificate of Limited Partnership has been executed by the General Partner of Anti-Aging Rejuvenation Center of Miami, Ltd. on this 15<sup>th</sup> day of January, 2002.

GENERAL PARTNER:  
Longevity Centers of America, Inc.

*Rastin J. ...*  
its Authorized Officer

ACCEPTANCE AND APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for Anti-Aging Rejuvenation Center of Miami, Ltd., a Florida limited partnership, in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

REGISTERED AGENT:

By: *Gregory J. Blodig*  
Gregory J. Blodig

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JAN 22

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned Castor Fernandez, an authorized officer of Longevity Centers of America, Inc., constituting the general partner of Anti-Aging Rejuvenation Center of Miami, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", hereby certifies the following:

- 1. The amount of capital contributions to the Partnership made by the limited partners is: \$-0-.
- 2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$1,000.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Longevity Centers of America, Inc.

By: *Castor Fernandez*  
Castor Fernandez, Authorized Officer

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 22